COMPLETE, PRINT, SIGN IN FRONT OF A NOTARY AND MAIL.

LICENSE APPLICATION
ATHLETIC COMMISSION
SFN 11710 (11-2009)

For Office Use Only

System ID
Work Order
Approved By

FEE:

Cornerperson/Second/Trainer	☐	$10.00
Judge	☐	$25.00
Knockdown Counter	☐	$10.00
Manager	☐	$25.00
Matchmaker	☐	$50.00
Physician	☐	No Fee
Referee	☐	$25.00
Ring Announcer	☐	No Fee
Timekeeper	☐	$10.00

Athletic Advisory Board
Secretary of State
State of North Dakota
600 E Boulevard Ave Dept 108
Bismarck ND 58505-0500
Telephone 701-328-3380
Toll Free (800) 352-0867
Ext. 8-3380
Fax 701-328-1690

In compliance with the Federal Privacy Act of 1974, the disclosure of a social security number on this form is voluntary. Under state law, this number cannot be disclosed to the public. However, if the number is voluntarily provided, it does assist the Secretary of State's office in maintaining accurate records. The application will not be rejected if the number is not provided.

1.

Name			
Address	City	State	Zip Code
Date of Birth	Home Telephone Number	Work Telephone Number	

2. NUMBER OF YEARS KNOWLEDGE AND EXPERIENCE RELATING TO DUTIES OF EACH LICENSE BEING APPLIED FOR

Amateur	Professional

3. OTHER STATES WHERE LICENSED FOR SAME DUTIES

I solemnly swear (or affirm) that I am over 18 years of age and all the statements made on this application are true. By signing this application, I agree to be bound by the rules and regulations of the North Dakota Administrative Code, Chapter 72-02.

_____ /
Signature of Applicant Date

State of _____

County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20 _____.

_____
Notary Public

(Notary Seal)