



South Carolina Department of Labor, Licensing and Regulation

**South Carolina Athletic Commission**

P.O. Box 11329 • Columbia, SC 29211  
Phone: 803-896-4571 • Fax: 803-896-4350  
Contact.Athl@llr.sc.gov  
www.llr.state.sc.us/POL/Athletic/



**APPLICATION FOR LICENSURE**

**For Boxing, Off the Street Boxing (OTSB), Kick Boxing, Wrestling and/or Mixed Martial Arts (MMA)**

**\*\*All licenses are valid through December 31<sup>st</sup> of application year \*\***

**Select the type of license you are applying for and remit application fee via check or money order only.**

A returned check fee of up to \$30, or an amount specified by law, **may** be accessed on all returned funds.

Submit the following with your application to the Athletic Commission at the above address:

- Application Fee made payable to SC State Athletic Commission
- Copy of Drivers License, State Issued ID or Passport
- Copy of social security card

\$130	Matchmaker	\$50	Second	\$100	Manager
\$75	Announcer	\$50	Timekeeper		
\$50	Announcer for Wrestling Only	\$75	Judge	\$50	Trainer

**Primary Event Type** (see below list): \_\_\_\_\_

**Select all event types you will cover (not applicable for Wrestling Only Announcer):**

- |           |                    |             |
|-----------|--------------------|-------------|
| Boxing    | OTSB               | Kick Boxing |
| Wrestling | Mixed Martial Arts |             |

**APPLICANT INFORMATION:**

Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street, City, State & Zip Code)

Mailing Address: \_\_\_\_\_  
(If different than above)

Telephone: (Cell) \_\_\_\_\_ (Other) \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security: \_\_\_\_\_

**\*\*\*Attach a valid photo ID that verifies your date of birth. (Driver's license, State ID or Passport)\*\*\***

**PERSONAL HISTORY:**

1. Are you presently licensed or have you ever been licensed by any state or local athletic commission?  
If yes, please list state(s): \_\_\_\_\_  

Yes      No
  2. Have you ever been denied any type of professional or occupational license, including athletic license or permit in this state or jurisdiction?  
(If yes, provide a detailed explanation on a separate sheet and remit with application.)  

Yes      No
  3. Have you ever had any type of professional or occupational license or permit suspended, revoked, surrendered or have you ever been disciplined by the licensing authorities in this state or any other state or international jurisdiction?  
(If yes, provide a detailed explanation on a separate sheet and remit with application.)  

Yes      No
- 

**DISCIPLINARY QUESTIONS:**

**\*\*\*This section is for Judges Only\*\*\***

1. Have you ever been convicted of a felony or other crime involving moral turpitude?  
(If yes, you must provide a detailed explanation on a separate sheet and a statewide criminal background check from the state in which the incident occurred)  

Yes      No
  2. Have you read and do you understand the South Carolina Athletic Law and the Rules, Regulations and Guidelines of the Commission?  

Yes      No
- 

**Privacy Act Disclosure:**

*South Carolina Law requires that every individual who applies for an occupational or professional license provide a social security number for use in the establishment, enforcement and collection of child support obligations and for reporting to certain databanks established by law. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Social security numbers may also be disclosed to other governmental regulatory agencies and for identification purposes to testing providers and organizations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.*

**Privacy Act Disclosure Continued:**

Other personal information collected by the Department for the licensing boards it administers is limited to such personal information as is necessary to fulfill a legitimate public purpose. The South Carolina Freedom of Information Act ensures that the public has a right to access appropriate records and information possessed by a government agency. Therefore, some personal information on the application may be subject to public scrutiny or release. The Department collects and disseminates personal information in compliance with The South Carolina Freedom of Information Act, the South Carolina Family Privacy Protection Act, and other applicable privacy laws and regulations. Additionally, the Department shares certain information on the application with other governmental agencies for various governmental purposes, including research and statistical services.

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**ATTESTATION AND SIGNATURE**

I, \_\_\_\_\_, am the person described and identified, of good moral  
(Print Name)

character, and the person named in all documents presented in support of this application. I certify that I have never been convicted of violating any Federal, State, Municipal or other law statute or ordinance, other than as disclosed as required within this application.

I certify that all statements contained herein are true and correct to the best of my knowledge. I further understand that false or incorrect information provided by me may result in the cancellation of any license issued pursuant to this application.

\_\_\_\_\_  
**Signature of Applicant**

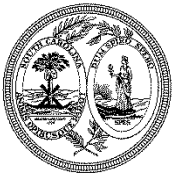
\_\_\_\_\_  
**Date**

**Did you remember to?**

Include a copy of a valid photo ID?

Have your Verification of Lawful Presence notarized?

Include a check or money order with the correct fee amount?



STATE OF SOUTH CAROLINA  
DEPARTMENT OF LABOR, LICENSING AND REGULATION  
**VERIFICATION OF LAWFUL PRESENCE IN THE UNITED STATES**  
**AFFIDAVIT OF ELIGIBILITY**



Pursuant to Section 8-29-10, *et seq.* of the South Carolina Code of Laws (1976, as amended), the Department of Labor, Licensing and Regulation must verify that any person who applies for a South Carolina license is lawfully present in the United States. Complete and sign this affidavit of eligibility. The information provided is subject to verification.

**Section A: LAWFUL PRESENCE in the United States.**

The undersigned \_\_\_\_\_, of \_\_\_\_\_  
(Print clearly First, Middle, and Last name) (Home Address, City, State, and Zip Code)  
being first duly sworn deposes and states as follows:

**Check only one box:**

1.  I am a United States citizen; or

2.  I am a Legal Permanent Resident of the United States eighteen years of age or older; or

3.  I am a Qualified Alien or non-immigrant under the Federal Immigration and Nationality Act, Public Law 82-414, eighteen years of age or older, and lawfully present in the United States.

4.  Other: \_\_\_\_\_ Please submit any documentation that supports this status.

Date of Birth: \_\_\_\_\_

Alien Number: \_\_\_\_\_ I-94 Number: \_\_\_\_\_

**(If you checked number 2, 3, or 4 you must attach a copy of your immigration documents. See instruction sheet for a list of accepted immigration documents.)**

**Section B: ATTESTATION.**

**I understand** that in accordance with section 8-29-10 of the South Carolina Code of Laws, a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall, in addition to other sanctions imposed by this State or the United States, be guilty of a felony, and upon conviction must be fined and/or imprisoned for not more than 5 years (or both).

**I understand** that the representations made in this Affidavit shall apply through any license(s) or renewals issued, and that I shall have an affirmative duty to immediately advise the Department of Labor, Licensing and Regulation of any change of my immigration or citizenship status.

**I swear and attest the information contained herein is true and correct to the best of my knowledge. I understand that under South Carolina law, providing false information is grounds for denial, suspension, or revocation of a license, certificate, registration or permit.**

\_\_\_\_\_  
Signature of Affiant

SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Print Name

Notary Public for \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

## INSTRUCTION SHEET FOR COMPLETING AFFIDAVIT OF ELIGIBILITY

### **CHECK box 1:**

If you are a United States Citizen by birth or naturalization

### **CHECK box 2:**

If you are a Legal Permanent Resident and you are not a U.S. Citizen, but are residing in the U.S. under legally recognized and lawfully recorded permanent residence as an immigrant.

**PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.**

### **CHECK box 3:**

If you are a Qualified Alien. You are a Qualified Alien if you are:

An alien who is lawfully admitted for residence under the INA.

An alien who is granted asylum under Section 208 of the INA.

A refugee who is admitted to the United States under Section 207 of the INA.

An alien who is paroled into the United States under Section 212(d)(5) of the INA for a period of at least 1 year.

An alien whose deportation is being withheld under Section 243(h) of the INA (as in effect prior to April 1, 1997) or whose removal has been withheld under Section 241(b)(3).

An alien who is granted conditional entry pursuant to Section 203(a)(7) of the INA as in effect prior to April 1, 1980.

An alien who is a Cuban/Haitian Entrant as defined by Section 501(e) of the Refugee Education Assistance Act of 1980.

An alien who has been battered or subjected to extreme cruelty, or whose child or parent has been battered or subject to extreme cruelty.

**PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.**

### **ACCEPTED IMMIGRATION DOCUMENTS:**

Unexpired Reentry Permit (I-327)

Permanent Resident Card or Alien Registration Receipt Card With Photograph (I-551)

Unexpired Refugee Travel Document (I-571)

Unexpired Employment Authorization Card Which Contains a Photograph (I-766)

Machine Readable Immigrant Visa (with Temporary I-551 Language)

Temporary I-551 Stamp (on passport or I-94)

I-94 (Arrival/Departure Record) in Unexpired Foreign Passport

I-20 (Certificate of Eligibility for Nonimmigrant, F-1, Student Status)

DS2019 (Certificate of Eligibility for Exchange Visitor, J-1, Status)