

Ohio Athletic Commission  
 242 Federal Plaza West  
 Suite 405  
 Youngstown, OH 44503

# License Application



Office: (330) 797-2556  
 Fax: (330) 797-2559  
 Website: www.aco.ohio.gov

(Submit a Passport size photo)

**OFFICE USE ONLY**

License Number

New  Renewal

Expiration Date:

\*APPLICANT MUST BE 18 OR OLDER

Check the license that is being applied for:

- OFFICIALS**
- Judge \$30
  - Referee \$30
  - Timekeeper \$30
  - Physician N/C
  - Inspector N/C

- PROMOTERS**
- Boxing \$100
  - Wrestling \$200
  - Mixed Martial Arts \$100
  - Tough Person \$100

- NON OFFICIALS**
- Match Maker \$30
  - Manager \$30
  - Trainer \$30
  - Second \$30

**Section One:** (Please Type or Print Legibly)

\*Address listed below will be official address for all certified mailing from Ohio Athletic Commission. Any address change is the responsibility of licensee.

Name: (Last	First	Middle Initial)	Social Security	E-MAIL Address
			XXX - XX -	

* Address: Number and Street	City	State	Zip	Phone: (Home)
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DOB: M	D	YR	AGE	Languages other than English	Phone: (Cell)
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Have you ever been convicted of a crime other than any traffic offense	If YES, state type of crime and where crime was committed
<input type="checkbox"/> YES <input type="checkbox"/> NO	

Have you ever been suspended or penalized by any other state commission	If Yes give date; state commission; and what action was taken
<input type="checkbox"/> YES <input type="checkbox"/> NO	

Have you ever had a previous license in another state	If YES, state which other states in which you have had a license
<input type="checkbox"/> YES <input type="checkbox"/> NO	

**Section TWO: PROMOTERS** ( Please list a reference who can verify financial responsibility)

Financial Institution	Address: Number and Street	City	State	Zip
Contact Person	Title	Phone		

**Section THREE: PHYSICIANS**

Ohio Physicians Number	Please check which medical profession applies	Years of practice in Ohio
	<input type="checkbox"/> Medical Doctor <input type="checkbox"/> Doctor of Osteopathic Medicine	

**REFERENCES:** (Please list two references)

Name:	Address: Number and Street	City	State	Zip	Phone

I hereby verify that the information on this license application is TRUE. I further acknowledge when licensing as an official, I am an independent contractor and I am NOT entitled to any benefits provided to state employees. I further agree that the Ohio Athletic Commission may use any film, photograph or other material in which I appear as the Ohio Athletic Commission in it sole discretion deems appropriate.

Applicants Signature (Must be signed for license to become valid)	Date:	Make all checks payable: State of Ohio Treasurer
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