

South Carolina State Athletic Commission



RETURN FORM TO:
S.C. Dept. of Labor, Licensing and Regulation
State Athletic Commission
Synergy Business Park
110 Centerview Drive
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Columbia, South Carolina 29211-1329
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FOR COMMISSION USE ONLY
State Lic # _____

APPLICATION FOR LICENSE

FEES REQUIRED: \$100 Promoter; \$100 MMA Promoter; \$25 Promoter Representative; \$50 Judge; \$50 Referee. Submit a check or money order payable to the S.C. Athletic Commission

The undersigned applicant hereby applies to the South Carolina Department of Labor, Licensing and Regulation Athletic Commission for a license under the provisions of Title 52, S.C. Code, 1976 (as amended) and the Rules and Regulations of the Commission and in support of said application makes the representations contained herein with the understanding that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient reason to deny a license or to withhold renewal of or suspend or revoke a license if issued by the Commission. The undersigned applicant understands the Commission may make such inquiry and investigation concerning the applicant's record or background as the Commission, in its judgement, deems proper, and said applicant further agrees to furnish any additional information requested by the Commission and to appear before the Commission in person if requested to do so.

Type or Print in Ink

1. Indicate type of license: _____ Promoter _____ Promoter Representative _____ Judge _____ Referee
2. Full Name: _____
Professional Name: _____
3. *Home Address: _____
City: _____ State: _____ Zip Code: _____
4. Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Telephone No: *(Home) _____ (Work) _____
5. Date of Birth: _____ Age: _____

History

6. Are you presently licensed or has any state or local athletic commission ever licensed you? Yes___ No ___
(If yes, please list the state(s): _____)
7. Have you ever been denied any type of professional or occupational license, including athletic license or permit in this state or jurisdiction? Yes___ No ___ (If yes, attach a separate statement with complete details.)

8. 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? Yes___ No ___ (If yes, attach a separate statement giving details.)
9. Are you currently under any type of medical suspension from any other Commission or Board? Yes___ No ___
10. Have you ever been convicted of a felony or other crimes involving moral turpitude? Yes___ No ___ (If yes, submit a criminal record check from your state of residence.)
11. If applying for a promoter's license, have you read and do you understand the South Carolina State Athletic Law and the Rules, Regulations and Guidelines of the Commission? Yes___ No ___

All information in this document is a public record subject to disclosure pursuant to the S.C. Freedom of Information Act, except items designated with this symbol. (*)

I swear (or affirm) I have read and understand this application. All of the answers given are my own and are true to the best of my knowledge. I understand that providing false or misleading information on this application may result in criminal prosecution.

I, the undersigned, do hereby release, acquit and forever discharge the South Carolina Department of Labor, Licensing and Regulation, the State of South Carolina, Athletic Commission, any staff or Commission Designee from any and all causes of action, claim costs of any nature and kind whatsoever regarding personal injury or property damage which I may incur resulting from the issuance of this license or being the result of my participation in events.

In accordance with Chapter 81, Section 40-81-350, all promoters are required to submit a criminal record check from the state of their residence with this application.
In accordance with Charter 20-8.0, all judges and referees are required to submit a criminal record check from the state of their residence with this application.

When you provide a check as payment, you authorize us to use information from the check to make a one-time electronic fund transfer from your account, or to process the payment as a check transaction. You authorize us to collect a fee through electronic fund transfer from your account if your payment is returned unpaid. Please provide the following on you check: Drivers License #; Full Name; Street Address and Phone Numbers.

Positive proof of identification photograph is required prior to licensure and participation.

Applicant's Signature

Date

Department Rep. or Designee

Date



South Carolina Department of Labor, Licensing and Regulation
PO Box 11329
Columbia, SC 29211

AFFIDAVIT OF ELIGIBILITY

Pursuant to Section 8-29-10 SC Code of Law, **ALL** applicants for a South Carolina license after July 1, 2008 are required to complete and sign this Affidavit of Eligibility.

Section A: LAWFUL PRESENCE in the United States.

I, (please print your full name) _____, swear or affirm under penalty of perjury under the laws of the State of South Carolina that (check 1, 2 or 3 below):

1. I am a United States citizen or legal permanent resident eighteen years of age or older; or
2. I am not a US citizen but am lawfully present in the US as evidenced by one of the following
 - a. I am a qualified alien as defined in 8 U.S.C. sec 1641, eighteen years of age or older.
 - b. I am a nonimmigrant under the "Immigration and Nationality Act," Federal Public Law 82-414 as amended, eighteen years of age or older.
3. I am not physically present in the US under 8 U.S.C. sec 1621 (c) (2) (c) or employed in the US pursuant to 8 U.S.C. 1621 (c) (2) (a) (check either a or b below):
 - a. I am a US citizen, not physically present or employed in the United States.
 - b. I am a Foreign National, not physically present or employed in the United States.

If you selected either 3.a. or 3.b., you do not need to complete Section B. Skip to Section C.

Section B: Secure and Verifiable Document.

This section must be completed if you checked number 1 or 2 in Section A.

1. Please check one of the following acceptable secure and verifiable documents. Complete documentation must be provided **upon request only**.
 - Any South Carolina Driver License, South Carolina Driver Permit or South Carolina Identification Card, expired less than one year.
 - Out-of-state issued photo Driver's License or photo identification card, photo driver's permit expired less than one year. **State:** _____
 - Valid Temporary Resident Card
 - Certificate of Naturalization with intact photo
 - Certificate of (US) Citizenship with intact photo

Other: (Name of verifiable document) _____

2. Social Security Number _____

3. Enter the state or the federal agency name where this secure and verifiable document was issued. _____

(If issued by a state agency, include both the state and agency name.)

4. What is the secure and verifiable document number? _____

5. What is the expiration date of your secure and verifiable document? _____ (month/day/year)

(If you hold a document without an expiration date, such as a military ID or naturalization certificate, write N/A.)

Section C: Attestation.

- I understand that this sworn statement is required by law because I have applied for or hold a professional or commercial license regulated by 8 U.S.C. sec. 1621. I understand that state law requires me to provide proof that I am lawfully present in the United States. I may also be required to provide proof of lawful presence.
- I understand that in accordance with section 8-29-10 false statements made herein are punishable by law. I state under penalty of perjury that the above statements are true and correct.
- I am the person identified above and 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.
- I understand that the above information must be disclosed to the Department of Labor, Licensing and Regulation upon request and is subject to verification.

Signature

Date

Please print your name as shown on your secure and verifiable document.

Professional License Type: _____

License Number (if already licensed): _____

The South Carolina Code of Laws requires that every individual who applies for an occupational or professional license provide a social security or alien identification 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.