



APPLICATION FOR LICENSE Referee/Judge/Timekeeper

Unless otherwise indicated, all items in this application are mandatory. If not applicable, use N/A. Failure to provide any of the requested information will delay the processing of your application.

Application Fees: Referee - \$150 Judge - \$150 Timekeeper - \$50 APPLICATION FEE IS NON-REFUNDABLE	<i>For Office Use Only</i>	<i>For Office Use Only</i>
	Receipt # _____	
	Date Cashiered: _____	Date Received

SECTION 1: PERSONAL INFORMATION

First Name		Middle Name		Last Name	
SSN/ITIN	Date of Birth	Telephone Number () -		Email Address	
Residence Address		City	State		Zip
Mailing Address (if different from Residence)		City	State		Zip

SECTION 2: APPLICATION TYPE

Application type: ORIGINAL: <input type="checkbox"/> RENEWAL: <input type="checkbox"/>	
Check Appropriate Box	Submit application with the following:
<input type="checkbox"/> Referee	\$150 licensing fee, Acknowledgment of Statutes and Regulations, Referee Annual Physical Examination Report RJ003, and passport sized photograph emailed to csac@dca.ca.gov
<input type="checkbox"/> Judge	\$150 licensing fee, Acknowledgment of Statutes and Regulations, and passport sized photograph emailed to csac@dca.ca.gov
<input type="checkbox"/> Timekeeper	\$50 licensing fee, Acknowledgment of Statutes and Regulations, and passport sized photograph emailed to csac@dca.ca.gov

SECTION 3: REFUGEE, ASYLEE, OR SPECIAL IMMIGRANT VISA STATUS

Business and Professions Code section 135.4 provides that the Commission must expedite, and may assist, the initial licensure process for certain applicants described below.	
Have you been admitted to the United States as a refugee pursuant to United States Code, title 8, section 1157?	<input type="checkbox"/> NO <input type="checkbox"/> YES
Have you been granted asylum by the Secretary of Homeland Security or the United States Attorney General pursuant to United States Code, title 8, section 1158?	<input type="checkbox"/> NO <input type="checkbox"/> YES
Do you have a special immigrant visa that has been granted a status pursuant to Public Law 110-181, section 1244, Public Law 109-163, or Public Law 111-8, division F, title VI, section 602(b) (relating to Iraqi and Afghan translators/interpreters or those who worked for or on behalf of the United States government)?	<input type="checkbox"/> NO <input type="checkbox"/> YES

SECTION 4: MILITARY QUESTIONS	
1. Have you served, or are you currently serving, in the U.S. Armed Forces?	<input type="checkbox"/> NO <input type="checkbox"/> YES
2. Are you requesting expediting of this application for honorable discharged members of the U.S. Armed Forces?	<input type="checkbox"/> NO <input type="checkbox"/> YES
<i>Must supply satisfactory evidence of being honorably discharged from being an active-duty member of the U.S. Armed Forces.</i>	
3. Are you requesting expediting of this application for spouses or domestic partners of an active duty member of the U.S. Armed Forces?	<input type="checkbox"/> NO <input type="checkbox"/> YES
<i>Must supply satisfactory evidence of being married to, or in a domestic partnership or other legal union with, an active-duty member of the U.S. Armed Forces who is assigned to a duty station in California under official orders, and a current license in another U.S. licensing jurisdiction.</i>	
4. Pursuant to Business and Professions Code Section 115.4 , beginning July 1, 2024, the board/bureau shall expedite the initial licensure process for an applicant who is an active duty member of the US Armed Forces and enrolled in the US Department of Defense SkillBridge program. Do you request expediting of your application under this authority? (If you select YES, you must attach documentation of enrollment to this application.)	<input type="checkbox"/> NO <input type="checkbox"/> YES

SECTION 5: FINANCIAL INTEREST	
1. Do you have a financial interest in any club/promoter, corporation, organization, or association conducting boxing, martial arts, or exhibitions? If yes, please list names of club/promoter, corporation, organization, or association: _____	<input type="checkbox"/> NO <input type="checkbox"/> YES
2. Do you have a financial interest in any boxer or martial arts fighter? If yes, please give name(s) and explain: _____ _____	<input type="checkbox"/> NO <input type="checkbox"/> YES

SECTION 6: LICENSE INFORMATION			
1. If you are now or have ever been licensed by the California State Athletic Commission, another athletic commission, or any similar governmental authority, provide the following information for each license, listing the most recent first:			
TYPE OF LICENSE	DATE(S)	STATE/OTHER COMMISSION/ GOVERNMENTAL AUTHORITY	
_____	_____	_____	
_____	_____	_____	
2. Has your license ever been suspended, revoked or fined by the California State Athletic Commission, another athletic commission or any similar governmental authority? <input type="checkbox"/> NO <input type="checkbox"/> YES			
If YES, provide the following information:			
TYPE OF LICENSE	ACTION TAKEN	REASON FOR ACTION	DATE(S)
_____	_____	_____	_____
_____	_____	_____	_____
3. Is there a pending investigation or disciplinary action against you by the California State Athletic Commission, another athletic commission or any similar governmental authority? <input type="checkbox"/> NO <input type="checkbox"/> YES If YES, provide the following information:			
OFFENSE	DATE OF OFFENSE	GOVERNMENT AUTHORITY	HEARING DATE(S)
_____	_____	_____	_____
_____	_____	_____	_____

SECTION 7: BACKGROUND INFORMATION

1. Have you ever used any other name(s)? NO YES If yes, list name(s): _____

2. Have you ever been disqualified in any competition? NO YES If yes, please explain: _____

3. The Commission is required to review the applicant's criminal history record for licensure. Although not required, you may submit information to the Commission regarding any criminal conviction entered against you. The following is provided for your convenience, but this information is not required. You may attach additional documentation regarding a criminal conviction or rehabilitation evidence for the Commission's consideration.

OFFENSE	DATE OF OFFENSE	CITY, STATE, COUNTRY	HEARING/TRIAL DATE(S)
_____	_____	_____	_____
_____	_____	_____	_____

SECTION 8: POLICY ACKNOWLEDGEMENT

I hereby acknowledge receipt of the **Selection of Officials**, 2013-02 and agree that I shall read it and become familiar with its contents.

NO YES

SECTION 9: DECLARATION

I declare under penalty of perjury under the laws of the State of California, that I have read the foregoing application for license and that all the answers given are my own. I further declare that all the answers are true. I understand that any misstatement of material fact in this application will constitute grounds for denying or revoking the license.

Applicant's signature: _____ **Date:** _____

SECTION 10: AUTHORIZATION TO USE AND DISCLOSE PROTECTED HEALTH INFORMATION

The California State Athletic Commission is a public health authority, as defined in 45 CFR 164.501, exempt from HIPAA, and is authorized by California Business and Professions Code Sections 18600 et seq. to collection information about the applicant's mental and physical health. I hereby authorize my personal physicians and other healthcare providers and all hospitals or similar institutions or organizations to furnish to the California State Athletic Commission or its successors copies of all my medical records, hospital records, records of treatment for drug and/or alcohol abuse or dependency, or other information requested by that Commission in connection with this application or any further or future investigation by that Commission necessary to determine my fitness for licensure.

I further authorize the Commission or its successors to release any medical or other personal information with respect to my application or licensure to the organizations, individuals or groups listed above as well as additional parties with a vested interest in my current license status with the Commission, including but not limited to my current Manager, a Commission licensed Promoter of an event that I am participating in and to other regulatory bodies. The Commission will release this information only to those individuals, athletic commissions, or similar regulatory bodies that have a need to know, as determined by the Commission. This disclosure of records is required for official use, including investigation of my fitness for licensure by the Commission. I understand that the recipient of my information is not a health plan or health care provider and the released information may no longer be protected by federal privacy regulations.

I understand that I have a right to receive a copy of this authorization if I request it. I may inspect or obtain a copy of the protected health information that I am being asked to disclose.

I understand that I have a right to revoke this authorization by sending written notification to the California State Athletic Commission, 2005 Evergreen Street, Suite 2010, Sacramento, California 95815. I understand that if I revoke this authorization, I may not be allowed to continue in the licensure process, or, if I am licensed, my license may be adversely affected.

This authorization shall remain valid for one year from the date a license is issued to me. A copy of this authorization shall be as valid as the original.

Applicant's signature: _____ **Date:** _____

DISCLOSURES

Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) Disclosure: Providing your SSN or ITIN is mandatory, and collection of this information is authorized by Business and Professions Code (BPC) sections 30 and 31. Your SSN or ITIN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Family Code section 17520, for verification of licensure, and for enrollment in and reporting and crediting the licensee's Fund payments made to the Professional Boxer's Pension Plan pursuant to BPC sections 18880 et seq. and CCR, title 4, section 402, subsection (b). If you fail to disclose your SSN or ITIN number, your license application will not be processed AND you will be reported to the Franchise Tax Board (FTB), which may assess a penalty against you. Pursuant to BPC section 31, subdivision (e), the California Department of Tax and Fee Administration and FTB may share taxpayer information with the Commission; each licensee is required to pay the licensee's state tax obligation, and the license may be suspended if the state tax obligation is not paid.

Possible Disclosure of Personal Information: The Commission makes every effort to protect the personal information you provide. The information you provide may also be disclosed in the following circumstances, according to the provisions of BPC sections 27 and 30 and Civil Code section 1798.24:

- In response to a California Public Records Act (Government Code section 7920.000 et seq.) request, as allowed by the Information Practices Act (Civil Code section 1798 et seq.);
- To another government agency as required by state or federal law; or
- In response to a court or administrative order, a subpoena, or a search warrant.

Access to Your Information: You may review the records maintained by the Commission that contain your personal information, as permitted by the Information Practices Act (Civil Code section 1798 et seq.). See below for contact information.

Contact Information The Executive Officer of the Commission is responsible for maintaining the information in this application, and may be contacted at 2005 Evergreen Street, Suite 2010, Sacramento, CA 95815, (916) 263-2195 regarding questions about this notice or access to records. For questions about the Department of Consumer Affairs' privacy policy or the Information Practices Act, contact the Office of Privacy Protection, 1625 North Market Blvd, Sacramento, CA 95834, (866) 785-9663, or email privacy@dca.ca.gov.

ADDITIONAL RESOURCES

For more information on license application, please go to the Commission's webpage at:
<https://www.dca.ca.gov/csac/applicants/index.shtml>.

For more information on Professional Boxer's Pension Plan, please go to the Commission's webpage at:
https://www.dca.ca.gov/csac/forms_pubs/publications/pension.shtml.

For more information on MMA Benefit Fund, please go to the Commission's webpage at:
<https://thedcapage.blog/wp-content/uploads/2023/10/California-Establishes-Worlds-First-Retirement-Fund-for-Mixed-Martial-Arts-Fighters.pdf>

For more information on the Dangers of Cutting Weight and Dehydrating, please go the Commission's webpage at:
https://www.dca.ca.gov/csac/forms_pubs/publications/dehydration.pdf.

REFEREE AND JUDGES DISCLOSURE REQUIREMENT

The purpose of this disclosure to notify the applicant of Sec. 14 of The Muhammad Ali Act as stated below:
"A judge or referee shall not be entitled to receive any compensation, directly or indirectly, in connection with a boxing match until it provides to the boxing commission responsible for regulating the match in a State a statement of all consideration, including reimbursement for expenses, that will be received from any source for participation in the match."

By signing this application, you agree to disclose any and all reimbursement received, from sources outside the California State Athletic Commission, for participation in a match on a separate form.