



STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
APPLICATION FOR AMATEUR SANCTIONING ORGANIZATION

OFFICE OF ATHLETICS
 P.O. BOX 1335
 JEFFERSON CITY, MO 65102
 (573) 751-0243
 (573) 751-5649 FAX
 EMAIL: athletic@pr.mo.gov

NAME OF ORGANIZATION	
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ADDRESS	
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TELEPHONE NUMBER	FAX NUMBER
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WEBSITE	EMAIL ADDRESS
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CONTACT NAME	
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ADDRESS	
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TELEPHONE NUMBER	FAX NUMBER
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EMAIL ADDRESS	
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1. IS THE AMATEUR SANCTIONING BODY INCORPORATED OR OTHERWISE LEGALLY RECOGNIZED UNDER THE LAWS OF ITS DOMICILE? *(ATTACH SUPPORTING DOCUMENTATION FROM THE APPLICABLE STATE/TERRITORY; I.E. CERTIFICATE OF CORPORATE STANDING)*

YES NO STATE: _____

2. IF NOT DOMICILED IN MISSOURI, IS THE ORGANIZATION AUTHORIZED TO CONDUCT BUSINESS IN MISSOURI?

YES NO

SECTION A. APPOINTMENT OF AGENT – THIS SECTION MUST BE COMPLETED IF YOU ANSWERED “NO”, TO QUESTION #2

The above-named organization hereby appoints the director of the Missouri Division of Professional Registration as agent for service of process for all purposes in Missouri.

SIGNATURE	POSITION
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3. DOES THE AMATEUR SANCTIONING BODY OPERATE OR CONDUCT BUSINESS AS AN AMATEUR SANCTIONING BODY IN ANY OTHER STATE, TERRITORY OR COUNTRY? IF YES, LIST THE STATES, TERRITORIES OR COUNTRIES.

YES NO

4. DOES THE AMATEUR SANCTIONING BODY HAVE WRITTEN RULES, POLICIES OR PROCEDURES WHICH GOVERN THE EVENTS, PARTICIPANTS, MEMBERS OR THE CONDUCT OF THE AMATEUR SANCTIONING BODY? *(A COPY OF THE RULES, POLICIES, OR PROCEDURES MUST BE ATTACHED)*.

YES NO

5. MANDATORY REQUIREMENTS: *(FOR RECOGNITION, THE APPLICANT MUST HAVE ADOPTED RULES, POLICIES AND PROCEDURES WHICH DEMONSTRATE THE SANCTIONING BODY HAS COMPLIED WITH EACH CRITERIA LISTED BELOW. A COPY OF SUCH RULES, POLICIES OR PROCEDURES **MUST** BE ATTACHED TO THE APPLICATION).*

At a minimum does the sanctioning body:

- Have rules that provide for the medical safety and care of its participants? YES NO
 Page number in your rules _____
- Provide for the exclusion of professionals from its competitions? YES NO
 Page number in your rules _____
- Insure that bouts do not unreasonably endanger the health of competitors by requiring pre-bout physicals? YES NO
 Page number in your rules _____
- Exclude the medically unfit from the competition? YES NO
 Page number in your rules _____
- Require the attendance of a physician at ringside? YES NO
 Page number in your rules _____
- Restrict the types of blows that can be delivered? YES NO
 Page number in your rules _____
- Limit the time and frequency of bouts? YES NO
 Page number in your rules _____

(CONTINUED ON BACK)

- Assure that payment for necessary emergency care for injuries sustained in competition in sanctioned events or requiring proof that competitors are medically insured? YES NO
Page number in your rules _____
- Require prompt investigation and resolution of complaints for participants, interested persons and the office? YES NO
Page number in your rules _____
- Have a system of review to ensure the body fairly applies its rules? YES NO
Page number in your rules _____
- Have rules that require the identification of the sanctioning body on all advertisements, programs or handbills issued, used or distributed in Missouri? YES NO
Page number in your rules _____
- Have a policy of cooperation for state regulators, which at the least includes or provides for:
Page number in your rules _____
 - Advance notification to the Missouri Office of Athletics (the “Office”) of sanctioned events occurring in Missouri. YES NO
Page number in your rules _____
 - Admission of Office officials without charge to any sanctioned event, and any portion of the venue. YES NO
Page number in your rules _____
 - Self-reporting to the Office of any violations of the body’s rules during or arising out of an event in Missouri. YES NO
Page number in your rules _____
 - A policy requiring all participants, officials and the body itself to appear at reasonable times before the Office and truthfully answer any lawful inquiry of the office. YES NO
Page number in your rules _____
 - Sharing the disposition of complaints with the Office upon request. YES NO
Page number in your rules _____

Attach a copy of all bylaws, constitution, medical forms, contracts, etc that are used by the sanctioning organization.

AFFIDAVIT OF APPLICATION – ALL APPLICANTS MUST COMPLETE THIS SECTION

I, _____, _____, of the above named applicant,
(NAME) (TITLE/POSITION)

being first duly sworn upon my oath, state as follows:

That I have personally completed the foregoing application truthfully and completely, without omission;

That all information and answers contained in the foregoing application and any attachments thereto are true and correct to my knowledge and belief;

That I have personally reviewed the information contained herein and hereby submit this application for consideration to the Missouri Office of Athletics for licensure.

That I made this affidavit knowingly, and understand that any false statements or material omission herein subjects me to criminal penalties for making a false affidavit under Section 575.050, RSMo (as amended).

MUST BE SIGNED IN THE PRESENCE OF NOTARY	SIGNATURE OF APPLICANT	DATE
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APPLICANT PRINTED NAME

NOTARY PUBLIC EMBOSSE OR BLACK INK RUBBER STAMP SEAL	STATE	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS	
	DAY OF	YEAR
	USE RUBBER STAMP IN CLEAR AREA BELOW.	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	