



State of Rhode Island
DEPARTMENT OF BUSINESS REGULATION
1511 Pontiac Avenue, Bldg. 69-1
Cranston, Rhode Island 02920

Division of Gaming and
Athletic Licensing

AFFIDAVIT - TRAINER'S ACKNOWLEDGEMENT

Please check below

BOXING

MIXED MARTIAL ARTS

By signing this form below you are certifying that _____
(Name of Fighter)

has, in your judgment, the necessary skill to qualify and be licensed as a

PROFESSIONAL FIGHTER in the State of Rhode Island.

- The above named fighter has been training at your gym how long?

- Name and location of the gym where the Fighter has trained:

- You have witnessed the above named Fighter spar and train and feel he/she is
duly qualified: Yes No

- List his/her overall amateur record: _____

Do you hold any type of license with the Rhode Island Athletic Commission or any other state/tribal
Commission? If yes, please list:

Trainer's/Manager's Name: _____
(Please Print)

**By signing below you acknowledge that the above named Fighter is ready and able to compete in a Professional bout.
That you have read and understand the terms contained herein and you are executing the Acknowledgement freely and
voluntarily.**

TRAINER (Signature): _____ Date: _____

REV. 01/04/2024