



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

**Division of Gaming and  
Athletics Licensing**

**2026 ATHLETE LICENSE APPLICATION - FEE: \$50.00**

**BOXING: \_\_\_\_\_ MMA: \_\_\_\_\_ (Select one)**

**SECOND/CORNERMAN: \_\_\_\_\_ (use when working a corner & not fighting)**

Name: \_\_\_\_\_  
*(First) (Middle Initial) (Last Name)*

Address: \_\_\_\_\_  
*(Street Address) (City/Town) (State) (Zip Code)*

Telephone #: (\_\_\_\_) \_\_\_\_\_ Cell Phone #:(\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
*mm/dd/year City & State*

Height: \_\_\_\_\_ft. \_\_\_\_\_ In - Weight: \_\_\_\_\_ Color Eyes: \_\_\_\_\_ Color Hair: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_. **SSN IS FOR OFFICE USE ONLY!!!!!!**

Email Address: \_\_\_\_\_@\_\_\_\_\_.

Are you a U.S. Citizen? YES: \_\_\_\_\_ NO: \_\_\_\_\_

If NO, Alien Registration #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Your current Occupation:  
\_\_\_\_\_

Do you have a Manager? YES: \_\_\_\_\_ NO: \_\_\_\_\_

If YES, Manager's Name: \_\_\_\_\_

Have you ever been convicted of a Felony? YES: \_\_\_\_\_ NO: \_\_\_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Name of your Second(s)/Corner person(s):

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What is your current Professional Record? Wins: \_\_\_\_\_ Losses: \_\_\_\_\_ Draws: \_\_\_\_\_

What was your Amateur Record? Wins: \_\_\_\_\_ Losses: \_\_\_\_\_ Draws: \_\_\_\_\_

Have you been knocked out at any time or place in the last month? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, please explain (when & where): \_\_\_\_\_

Have you had a head injury/concussion at any time? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, please explain (when & where): \_\_\_\_\_

Are you currently using any medications or drugs? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, please explain: \_\_\_\_\_

Are you currently under any suspension from any Commission? YES \_\_\_\_\_ No \_\_\_\_\_

If YES, please explain: \_\_\_\_\_

Please list any other state(s) in which you hold a license: \_\_\_\_\_

Have you ever had your license revoked by any state or jurisdiction? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, please explain: \_\_\_\_\_

Has any promoter, association or corporation had any financial interest in your earnings as an athlete:

YES \_\_\_\_\_ NO \_\_\_\_\_

Have you had any financial interest in any corporation or association promoting this sport in this state or any other state?

YES \_\_\_\_\_ NO \_\_\_\_\_

I hereby declare, under penalty of perjury, that I have read the foregoing application for an Athlete's license, and all the answers to the questions have been completed by me and that all the answers given are my own, that all the answers are true of my knowledge, that this license expires on December 31st of the year issued (unless otherwise limited by the Division). Further, I understand and agree that any misrepresentation of a material fact on this application shall constitute grounds for revocation of this license.

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*Applicant's Signature*

*Date*

Rev: 01/14/2025

Tel: 401-462-9529

Fax: 401-462-9645

TTY: 711

Web Site: [www.dbr.ri.gov](http://www.dbr.ri.gov)



## **Tax Payer Status Affidavit / Identity Verification**

All persons applying or renewing any license, registration, permit or other authority (hereinafter called "license") to conduct a business or occupation in the state of Rhode Island are required to file all applicable tax returns and pay all taxes owed to the state prior to receiving a license as mandated by state law (RILL 5-76) except as noted below.

In order to verify that the state is not owed taxes, licensees are required to provide their Social Security Number and Federal Tax Identification Number as appropriate. These numbers will be transferred to the Division of Taxation to verify tax status prior to the issuance of a license. This declaration must be made prior to the issuance of a license.

**Please complete the below affidavit along with you license application.**

<b><u>Licensee Declaration</u></b> <b><u>(Please check below - any that apply)</u></b>	
<input type="checkbox"/>	I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have paid all taxes due.
<input type="checkbox"/>	I have entered a written installment agreement to pay delinquent taxes that is satisfactory to the Tax Administrator.
<input type="checkbox"/>	I am currently pursuing administrative review of taxes owed to the state.
<input type="checkbox"/>	I am in Federal Bankruptcy. (Case #: _____)
<input type="checkbox"/>	I am in State Receivership. (Case #: _____)
<input type="checkbox"/>	I have been discharged from Bankruptcy. (Case #: _____)
_____ Type of Professional License for which you are applying for.	
_____ Full Name (Please Print or Type)	_____ Social Security Number
_____ Signature	_____ Date



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**MEDICAL RELEASE AUTHORIZATION**

I hereby authorize you by this statement, or a photocopy of this statement, to furnish to the State of Rhode Island, Department of Business Regulation, Division of Gaming and Athletics, John O. Pastore Center, 1511 Pontiac Avenue, Cranston, RI 02920, copies of any and all of my medical and/or hospital records or other information which it may request regarding conditions for which I have been under observation or treatment by you, including history, findings and diagnosis.

I also authorize the State of Rhode Island, Department of Business Regulation, Division of Gaming and Athletics Licensing to release any medical information or other personal information with respect to my status and licensure as a professional athlete or unarmed combatant which may be contained in any of its records to other State/Tribal Commissions.

This waiver shall remain effective for a period of one (1) year from the date indicated below and shall authorize you to release any and all medical and/or hospital records made prior to the execution of this statement and to such records that may be made during the next year.

Please cooperate with the State of Rhode Island, Department of Business Regulation, Division of Gaming and Athletics Licensing, to the fullest extent possible in making my medical history available.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Athlete

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number

Tel: 401-462-9529

Fax: 401-462-9645

TTY: 711

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