



STATE OF UTAH
PETE SUAZO UTAH ATHLETIC COMMISSION (PSUAC)
APPLICATION FOR LICENSURE

PROMOTER

General Statement:

The Pete Suazo Athletic Commission (PSUAC) desires to provide courteous and timely service to all applicants for licensure. To maximize its efficiency and level of service, the PSUAC will process complete applications only. **A complete application includes all applicable supporting documents and fees.** The fees are for processing your application and will not be refunded. Failure to complete the application and supply necessary information may result in denial of licensure. Please read all instructions carefully.

Address of Record:

The address listed on the application will be your address of record. All correspondence from the PSUAC will be sent to that address. It is your responsibility to directly notify the PSUAC of any change in address. Also, please note, the address of record is public information, available upon request and via the Internet. You may choose to use a business address or a P.O. Box for your address of record rather than your home address.

Social Security Number:

Your social security number is classified as a private record pursuant to Title 63, Chapter 2, Utah Government Records Access and Management Act (GRAMA). It is used as an individual identifier for our licensing database and for purposes of child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Annotated, which implements the requirements of 42 U.S.C. 666(a)(13). An application that does not include a social security number is incomplete and cannot be processed.

Supporting Documents and Fees:

1. In order to prove financial responsibility, as required by Subsection 63C-11-301(4)(c), applicants for licensure must submit Federal Tax Returns for the past two years and a Statement of Assets listing all assets, both tangible and intangible. (Not required for license renewal).
2. Submit five character references from individuals who have known you for five years or more.
Do not include relatives, present employer, or employees. (Not required for license renewal).
3. Submit a "Request for Verification of License" form from each and every state in which you have ever been licensed in a regulated occupation or profession. (Not required for license renewal).
4. Identify any disciplinary action(s) and current status against any licensed issued to you by a licensing agency or respective jurisdiction, including license suspension, probation, revocation and/or surrender.
5. Submit the \$250 non-refundable application-processing fee for a contest promoter license.
6. As required by Subsection 63C-11-301(4)(e), applicants for licensure must submit to the Commission a written acknowledgement of receipt, understanding, and intent to comply with the laws and rules pertaining to unarmed combat sports in the State of Utah.

Additional Important Information:

1. **Laws and Rules:** You are required to read and have knowledge all of the Laws and Rules of Unarmed Combat within the State of Utah. The following Laws and Rules are available on the internet via:
<http://www.rules.utah.gov/publicat/code/r359/r859.htm> <http://le.utah.gov/~code/TITLE63C/63C08.htm>
You may also purchase the applicable laws and rules from: **Expor, 5486 South 1900 West, Suite C Taylorsville, Utah 84118 (801) 355-5009**
-Pete Suazo Utah Athletic Commission Act (UCA, Title 63, Chapter 11)
-Pete Suazo Utah Athletic Commission Act Rules (R359)
2. **License Renewal:** The Promoters License is valid for one year from the date of issuance.
3. **Updating Address Information:** It is the Licensee's responsibility to maintain a current address with the PSUAC. If your address is incorrect, you will not receive notices and/or other correspondences.

Make Licensure Fee Payable To: PSUAC
Mail Complete Application To: By U.S. MAIL
Telephone:
801-538-8607
FAX: 801-708-8708

PETE SUAZO UTAH ATHLETIC COMMISSION
3760 S. Highland Dr. 3rd Floor
Millcreek, Utah 84106
(Office) 801-538-8607
(Fax) 801-708-0849



PETE SUAZO UTAH ATHLETIC COMMISSION PROMOTER LICENSE APPLICATION

| | | | | |
|---|---------------------|--------------|-------------------------|------------------------------|
| PLEASE PRINT THE FOLLING INFORMATION | | | | |
| Last Name | First Name | Middle Name | Social Security Number | Date of Birth (MM/DD/YYYY) |
| Street | City | State | Zip Code | Country |
| Business Street | City | State | Zip Code | Country |
| Telephone Number | Email | | | M F Gender(Circle) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Have you ever held any PSUAC License</i> | (IF Yes) Profession | | (IF Yes) License Number | |
| Business Legal name: | | | Maiden Name | |
| PROMOTER QUALIFYING QUESTIONNAIRE | | | | |
| Answer "yes" or "no" for each question. All blanks must be filled in. | | | | |
| 1. _____ Have you ever applied for a license or received a license to practice in a licensed profession under any name other than the name listed on this application? | | | | |
| 2. _____ Have you ever had a license, permit, or registration to practice in a licensed profession denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way? | | | | |
| 3. _____ Have you ever been permitted to resign or surrender your license to practice in a licensed profession while under investigation or while action was pending against you by any licensing agency, or criminal or administrative jurisdiction? | | | | |
| 4. _____ Is any disciplinary action pending against you now by any licensing agency? | | | | |
| 5. _____ Are you aware of any physical or mental condition that would prevent you from safely participating in any unarmed combat that has not been cleared by a physician? | | | | |
| 6. _____ Within the last six months, have you used any drugs (including recreational drugs) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substance Act? | | | | |
| <i>If you answer "Yes" to question 7 or 8, please provide explanation for EACH and EVERY arrest and/or conviction within the past 10 years.</i> | | | | |
| 7. _____ Have you ever been arrested for, or charged with, a misdemeanor or felony charge in any jurisdiction during the last 10 years? _____ | | | | |
| 8. _____ Have you ever plead guilty to, no contest to, or been convicted of a misdemeanor or a felony in any jurisdiction? _____ | | | | |
| <i>If you answered "Yes" to any of the above questions, please enclose with this application complete information with respect to all the circumstances and the final result, if such has been reached.</i> | | | | |
| A "Yes" answer does not necessarily mean that you will not be granted a license; however, additional documentation may be required by the PSUAC if the information submitted is insufficient. | | | | |
| Name: _____ Signature: _____ Date: _____ | | | | |
| | | | | OFFICE USE ONLY |
| License Number: | Date Approved: | Approved by: | (IF) Denied Reason | |



PETE SUAZO UTAH ATHLETIC COMMISSION PROMOTER LICENSE APPLICATION

AFFIDAVIT AND RELEASE AUTHORIZATION

I am the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

I am qualified in all respects for the license, certificate, or registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting documentation is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting documentation is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the PSUAC in conjunction with this application or its supporting documentation meets the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the PSUAC or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the PSUAC, State of Utah, any files, records, or information of any type reasonably required for the PSUAC to properly evaluate my qualifications for licensure, certification, or registration by the State of Utah.

Printed name: _____ Signature: _____ Date: _____

OFFICE USE ONLY

Application Complete: Yes / No

License fee taken out of contestant's purse? Yes / No.

If "Yes", is contestant's contract annotated to reflect fee deduction? Yes / No.

Name of contestant: _____

Issued Receipt # _____

Commission Review (Name): _____



PETE SUAZO UTAH ATHLETIC COMMISSION PROMOTER LICENSE APPLICATION

LICENSE:

List all licenses, or certifications issued by any state that you now hold or have ever held. Use additional sheets if necessary.

| | | |
|--|-------------|-----------------|
| Issuing State: | Profession: | Effective Date: |
| Issuing State: | Profession: | Effective Date: |
| Issuing State: | Profession: | Effective Date: |
| Issuing State: | Profession: | Effective Date: |
| Issuing State: | Profession: | Effective Date: |
| Issuing State: | Profession: | Effective Date: |
| Name: _____ Signature: _____ Date: _____ | | |

EMPLOYMENT:

Beginning with your current employment, list your work history for the previous five years. Include corporations, partnerships, or other business ventures with which you have been associated as an officer, director, stockholder, or other related capacity.

| | | |
|------------------------|-------|------------------------|
| Company Name | Phone | Date of Employment |
| Street | City | State Zip Code Country |
| Description of duties: | | |
| Company Name | Phone | Date of Employment |
| Street | City | State Zip Code Country |
| Description of duties: | | |
| Company Name | Phone | Date of Employment |
| Street | City | State Zip Code Country |
| Description of duties: | | |
| Company Name | Phone | Date of Employment |
| Street | City | State Zip Code Country |
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