

DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS
OCCUPATIONAL AND PROFESSIONAL LICENSING ADMINISTRATION
BOXING AND WRESTLING COMMISSION
941 NORTH CAPITOL STREET, NE SUITE 7244
WASHINGTON, DC 20002
TEL: (202) 442-4343 FAX: (202) 698-4329



PERMIT APPLICATION FOR AN INDIVIDUAL EVENT

- Professional Event Amateur Event-No Fee
 \$65.00 Permit Fee Other
 \$400.00 Hold Event Date Fee

**Please remit the fees individually with two (2) separate checks or money orders. Do NOT send cash.
A charge of \$65.00 will be imposed for dishonored checks (public Law 89-208).**

The Permit and Hold Event Date Fees are **non-refundable**. Checks or money orders should be made payable to **Pearson VUE** and must be submitted with your Permit Application. Mail the payment and application to:

Pearson VUE-DC Boxing and Wrestling Commission
8201 Corporate Drive, Metro-Plex II, Suite 400
Landover, MD 20785.

Name of Promoter: _____ Promoter License # _____

Application is hereby made for a permit to stage a boxing, wrestling or mixed martial arts event on _____, 20____, at the following location: _____

The main event is to be a _____ round contest between _____
of _____ and _____
of _____.

Please initial the following, indicating your understanding and compliance:

____The Promoter staging the event is duly bonded in the penalty of ten thousand dollars (\$10,000) which must be filed with the DC Boxing and Wrestling Commission prior to the Individual Event.

____Applicant agrees to abide by all the laws, rules and regulations of the District of Columbia Boxing and Wrestling Commission, and specifically agrees under the law to accord the Commission the right to examine the books, accounts and other records relating to the boxing or wrestling event for which the permit, hereby applied for, is issued.

--- SPECIAL REQUIREMENTS ---

AMBULANCE ON SITE _____

NAME OF AMBULANCE COMPANY _____

**DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS
OCCUPATIONAL AND PROFESSIONAL LICENSING ADMINISTRATION
BOXING AND WRESTLING COMMISSION
941 NORTH CAPITOL STREET, NE SUITE 7244
WASHINGTON, DC 20002
TEL: (202) 442-4343 FAX: (202) 698-4329**



Name of Promoter: _____ Promoter License # _____

Applicant understands and agrees that this permit may be revoked at any time at the discretion of the Commission.
Applicant, if an individual, certifies that he has never been convicted of a felony or misdemeanor involving moral turpitude.
Applicant, if a corporation, certifies that it maintains an agent in the District of Columbia, authorized to accept services of the judicial process and other documents, and that the name and address of this agent is:

NAME	ADDRESS
------	---------

Applicant, if an unincorporated club or association, certifies that at least three of its trustees or managing directors are bonafide residents of the District of Columbia and that their names and addresses are as follows:

1. _____
2. _____
3. _____

Date of Application

Signature and Title of Individual Representing
Applicant if a Corporation, or Unincorporated
Club or Association.

NOTARIZATION

Subscribed and sworn to before me this _____ day of _____, 20_____.

NOTARY PUBLIC
My Commission Expires:

SEAL

APPROVED: _____	DATE
D.C. BOXING AND WRESTLING COMMISSION	

TO REPORT WASTE, FRAUD, OR ABUSE BY ANY D.C. GOVERNMENT OFFICE OR OFFICIAL CALL THE D.C. INSPECTOR GENERAL AT 1-