**LICENSE APPLICATION**

**PLEASE PRINT LEGIBLE**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CHECK ALL BOXES THAT APPLY TO YOUR LICENSE TYPE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **ATHLETE ($10)** | | | | | | | | | | |  | **SECOND ($10)** | | | | | | | |  | | | | | **TRAINER ($10)** | | | | | | |  | | | | **MANAGER ($50)** | | | | |
|  | | | | | |  | | | | | **PROMOTER ($200)** | | | | | | | | |  | | | | **MATCHMAKER ($100)** | | | | | | | | | | | | |  | | | | | |
| **PERSONAL INFORMATION**  **Address listed below will be official address for all certified mailing from the Pascua Yaqui Athletic Commission. Any address change is the responsibility of the licensee.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Applicant Name:** | | | | | | | | **(Last** | | | | | | | **First** | | | | | | **Middle)** | | | | | | | **DOB:** | | | | **Month** | | | **Date** | | | | | **Year** | | **Age** |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | |  | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Address** | | | **Number and Street** | | | | | | | | | | | | | | | | | | | | | | | **City** | | | | | | | **State** | | | | | | | | **Zip** | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Occupation** | | | | | | | | | **Employer Name:** | | | | | | | | | | **Work No.** | | | | | | | | | | | **Cell No.** | | | | | | | | | **Home No.** | | | |
|  | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | |  | | | |
| **BACKGROUND HISTORY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Have you ever been convicted of a crime other than a traffic offense? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | Yes |  | | | No | | | If **YES,** state type of crime and where crime was committed: | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Have you ever been suspended or penalized by any Commission? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | Yes |  | | | No | | | If **YES,** provide the date and what action was taken: | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Have you ever had a license revoked or suspended by any Commission? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | Yes | |  | | | No | | | | If **YES,** please explain: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **MANAGERS/ TRAINERS/ SECONDS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. How will you be assisting the athlete: (check all that apply) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | Manager | | | | |  | | | | Trainer | | | |  | Second | | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Name of Athlete you will be assisting: | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Will you be assisting more than one athlete? | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
|  |  | | Yes | |  | | | No | | | | If yes, please list athlete names: | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| **PROMOTER** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Financial Institution** | | | | | | | | | | | | **Address: Number and Street** | | | | | | | | | | | | | | | | | | | **City** | | | | | **State** | | | | | | **Zip** |
|  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Contact Person** | | | | | | | | | | | | **Title** | | | | | | | | | | | | | | | | | | | **Phone** | | | | | | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |

I declare under penalty of perjury under the laws of the Pascua Yaqui Tribe, that I have read the foregoing application and that all answers given are true and accurate. I understand that any misstatement of material fact in this application will constitute grounds for disciplinary action by the Pascua Yaqui Athletic Commission.

|  |  |  |  |
| --- | --- | --- | --- |
| Print Applicant Name: |  | Signature: |  |

|  |  |
| --- | --- |
| Date: |  |