

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 of jurisdiction? YES_____ NO_____

If YES, please explain:_____

Have you ever been convicted of a crime other than a traffic violation? 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 swear, under pains and penalties of perjury that the information provided above is true and accurate to the best of my knowledge.

Applicant's Signature

Date



Tax Payer Status Affidavit / Identity Verification

All persons applying or renewing any license, registration, permit or other authority (hereinafter called "licensee") 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 (RIGL 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 transmitted 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 this affidavit along with your license application.

Licensee Declaration

- I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have paid all taxes owed.
- I have entered a written installment agreement to pay delinquent taxes that is satisfactory to the Tax Administrator.
- I am currently pursuing administrative review of taxes owed to the state.
- I am in federal bankruptcy. (Case # _____)
- I am in state receivership. (Case # _____)
- I have been discharged from Bankruptcy. (Case # _____)

Type of Professional License for which you are applying

Full Name (Please Print or Type)

Social Security Number (or FEIN if appropriate)

Signature

Date

Tel: 401-462-9506

Fax: 401-462-9645

TTY: 711

Web Site: www.dbr.ri.gov

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