AFFIDAVIT - TRAINER'S ACKNOWLEDGEMENT

Please check below

O BOXING
O MIXED MARTIAL ARTS

By signing this form below you are certifying that ________________________________
(Name of Fighter)

has, in your judgment, the necessary skill to qualify and be licensed as a

PROFESSIONAL FIGHTER in the State of Rhode Island.

• The above named fighter has been training at your gym how long?

_____________________________________________________________________

• Name and location of the gym where the Fighter has trained:

_____________________________________________________________________

_____________________________________________________________________

• You have witnessed the above named Fighter spar and train and feel he/she is
duly qualified: O Yes O No

• List his/her overall amateur record: ________________________________

Do you hold any type of license with the Rhode Island Athletic Commission or any other state/tribal
Commission? If yes, please list:

_____________________________________________________________________

_____________________________________________________________________

Trainer's/Manager's Name: ________________________________
(Please Print)

By signing below you acknowledge that the above named Fighter is ready and able to complete at a Professional level
during said bout. That you have read and understand the terms contained herein and is executing the Acknowledgement
freely and voluntarily.

TRAINER (Signature): ________________________________ Date: ____________

WITNESS: ________________________________ Date: ____________

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