



PROMOTER REGISTRATION APPLICATION

for Amateur Combat Sport Events
APPLICATION PACKAGE

This application package contains information on obtaining a one (1) year registration as a promoter for amateur combat sport events in the Province of British Columbia as well as the application form and other supporting forms.

There are four (4) steps to obtaining a promoter's registration. The individual acting as the applicant must:

- **Step 1** Visit your local police authority to obtain a Criminal Record Check (CRC) including a vulnerable sector check (Tier 4). For information on the process and requirements in Canada, please visit: http://www.rcmp-grc.gc.ca/cr-cj/fing-empr2-eng.htm. You are responsible for all associated fees. Your CRC will remain valid with this office for three years.
- **Step 2** Make a copy of two (2) pieces of personal identification, one (1) which has your photo and is government issued (example: passport, driver's licence) check that the copy shows your picture <u>clearly</u>.
- **Step 3** Complete the **Promoter Registration Application** and **Personal Disclosure Form** in full ensuring all required signatures are present.

Step 4	Forwar	Forward the following documents to the Office of the Athletic Commissioner:						
		Results of Criminal Record Check,						
		Your completed Registration Application,						
		If applying as a Corporation, a copy of your Incorporation/Registration, and						
		Clear copies of two (2) pieces of personal identification, one (1) which has your photo and is						
		government issued (example: passport, driver's licence), and						

As processing times vary, ensure you submit your application as soon as possible.

Please note: The issuance of a registration under this application does not provide for a permit to promote an event. An <u>Event Permit</u> must be applied for separately.

Office of the BC Athletic Commissioner							
Mailing Address: PO Box 9823 Stn Prov Govt Victoria, BC V8W 9W3	Courier/Drop Off Address: 5 th Floor, 800 Johnson street Victoria, BC V8W 1N3						
Phone: 250-952-6735 (in Victoria) or 1-855-952-6760 (toll free) Fax: 250-387-8703 www.cscd.gov.bc.ca/bcathleticcommission							
<u> </u>	Email: athletic.commissioner@gov.bc.ca						

Keep a copy of your application and supporting documents for your records





PROMOTER REGISTRATION APPLICATION

for Amateur Combat Sport Events TERMS AND CONDITIONS

The following terms and conditions apply to every registration, including a promoter registration:

- The registration holder must:
 - (a) promptly report to the Commissioner if he/she has been charged with an offence, or
 - (b) report to the Commissioner within 14 days of its occurrence if he/she has been convicted of an offence

under a B.C. act or a law enacted by the Government of Canada, another province of Canada or a foreign jurisdiction. **Failure to do so may result in your registration being declared void.**

- The registration holder must comply with
 - o any terms and conditions imposed on the registration by the Commissioner.
- The registration holder must carry, or have available, the registration at all times when engaged in the activity the registration authorizes.
- The registration holder, when engaged in the activity the license authorizes, must produce the registration on the request of a peace officer or the Commissioner.
- The registration holder must report to the Commissioner, within 14 days after its occurrence, the following:
 - the theft or loss of a registration;
 - o a change in an address required by the application for the registration.

In addition, as a registered Promoter you will be required to provide, for each event, such things as (but not limited to):

- o Third party liability insurance
- Security plans
- Medical plans
- Event permits
- Facility licencing, etc.

Full particulars will be provided to you upon issuance of your event permit.





PROMOTER REGISTRATION APPLICATION

for Amateur Combat Sport Events

A. APPLICANT INFORMATION

(Complete either section A1 if applying as a Incorporated Entity OR section A2 if Applicant is an Individual)

A1. Applicant is an Incorporated Entity

• •	'	•	•								
Corporate oper	ating nam	1 e : As recorded o	n the Certificat	e of Incorpor	ation – p	olease attach a c	ору				
Jurisdiction of in *Attach a copy of you Incorporation/Registr	City, Prov/State, Country				Year incorporated:						
Business addres		Street						City			
		Prov/State				itry	Posta		Cod	e/ZIP	
Mailing address (if different from above		Street						City			
		Prov/State			Co	Country			Postal	Cod	e/ZIP
Business teleph	one:	(xxx-xxx-xxxx)			В	Business Facsimile:		(xxx-xxx-xxxx)			
Business email a	address:										
Name of Officer	/Director	authorized t	to apply Surname			First Nar		me		Middle Name(s)	
for registration responsibilities):	(and undert	aking Promoter									
Telephone of in	dividual:		(xxx-xxx-xxx	x)							
Email of individ	ual:										
Date of Birth: (yyyy-mm-dd)			Country of Citizenship:				Sex:	□ Male	<u>:</u>		Female
Corporate Office	ers and D	irectors									
Legal name:			Phone number:		mber:	(xxx-xxx-xxxx)					
Address:											
Legal name:					Phone number:		(xxx-xxx-xxxx)				
Address:											
Legal name:			Phone number: (xxx-xxx-xxxx)								





Address:											
A2. Applicant is an Individual											
Legal name:		Surname	First Name	First Name			Middle Name(s)				
Aliases/Stage na	me:	Surname	First Name	First Name			Middle Name(s)				
Address:		Street				City					
		Prov/State		Country			Postal				
Mailing address: (if different from above		Street		1		City					
		Prov/State		Country				Postal Code	:/ZIP		
Telephone numb	oer:	(xxx-xxx-xxxx)		Facsimi	le number:	(xxx-xx	(-xxx-xxxx)				
Email address:						·					
Date of birth:		(yyyy-mm-dd)	Country of citizenshi			Sex:		1 Male		Female	
B. OTHER REQU	JIRFC	INFORMATIO)N								
1. List the ap	plican	t's experience a e applicant. Use	as a promoter,		_	of the lo	cation	ns and dat	es of	events	





C. CONSENT TO COLLECTION, USE, STORAGE AND DISCLOSURE OF PERSONAL INFORMATION

I acknowledge that the following personal information may be collected by the Athletic Commissioner or his or her delegate under the authority of sections 26(a) and 26(c) of the *Freedom of Information and Protection of Privacy Act*:

(i) Contact information including name (and any alias or stage name), complete residential and mailing address and an email address if applicable, day time telephone number, date of birth, and country of citizenship and sex;

And if applicable:

- (ii) Criminal record check or police record check;
- (iii) Credit Check;
- (iv) Medical information related to examinations conducted by ringside physicians prior to, during or after an event; and
- (v) Information related to my conduct prior to, during, and after an event.

I authorize the personal information to be collected by the Athletic Commissioner in the above manner and I further hereby consent to:

- (i) the use of the personal information as applicable to the registration I am applying for by the Athletic Commissioner for the following purposes:
 - a) Processing this registration application and determining my suitability for the registration being sought;
 - b) Enabling the Athletic Commissioner to verify my personal information and perform background checks prior to the registration or issuance of a registration or permit; and
 - c) Enabling the Athletic Commissioner to regulate and enforce professional boxing and professional mixed martial events governed by the BC Athletic Commissioner;
- (ii) the disclosure of, and status of any suspension or disciplinary action imposed on me by the Athletic Commissioner to the Association of Boxing Commissions (ABC) and through that body, other ABC affiliated athletic commissioners or similar organizations in other jurisdictions that regulate professional boxing and professional mixed martial arts;
- (iii) the disclosure of any or all of the information supplied to BCAC to Salesforce.com Inc. and it affiliates in the United States of America to be stored on behalf of the Athletic Commissioner and that such information may be made public on their websites;

I certify that I have read and understand the content of this Consent form with respect to the collection, use disclosure, and storage of my personal information in relation to my application for this registration.

This consent is valid from the date signed unless I revoke my consent by writing to the Athletic Commissioner at the address specified below.





Commissioner at 250-952-6735 (in Victoria) or 1-855-952	·						
Queries by mail may be directed to: And by Courier to:							
Office of the BC Athletic Commissioner PO Box 9823 Stn Prov Govt Victoria BC V8W 9W3	Office of the BC Athletic Commissioner 5th Floor, 800 Johnson St. Victoria, BC V8W 1N3						
	(yyyy-mm-dd)						
Signature: Date:							

D. CONSENT, STATEMENT AND DECLARATION

TO BE READ AND SIGNED BY AN INDIVIDUAL APPLYING ON BEHALF OF A CORPORATE ENTITY OR BUSINESS ASSOCIATION, OR AN INDIVIDUAL APPLYING FOR A PROMOTER REGISTRATION:

I certify that all of the information provided in this application is true to the best of my knowledge and belief. I understand that this information is being collected by the Commissioner or his or her delegate under sections 26(a) and 26(c) of the *Freedom of Information and Protection of Privacy Act*, for the purpose of processing licencing applications. For questions regarding the collection of personal information please contact the Office of the BC Athletic Commissioner at 250-952-6735 (in Victoria) or 1-855-952-6760 (toll-free).

I understand that the Commissioner or his or her delegate will review and may contact other parties to confirm the information provided. The Commissioner or delegate is required to protect the confidentiality and privacy of the personal information provided in accordance with the *Freedom of Information and Protection of Privacy Act*.

I understand that any false or inaccurate statements contained in this application for licencing, or failure to disclose may be deemed sufficient cause for rejection of this application by the Commissioner or his or her delegate.

I understand that any false or inaccurate statements made in this application for licencing which may be revealed following issuance of a registration, could result in the suspension or cancellation of that registration.

	(yyyy-mm-dd)
Signature:	Date:





PERSONAL DISCLOSURE FORM

INFORMATION AND INSTRUCTIONS

Completion of this form is required as part of the application requirements for a Promoter Registration or Event Permit

- Any officer or director of a corporation that is applying for a registration;
- An individual who is applying for a registration or permit.

The information provided in this form is for the purpose of ensuring the integrity of the conduct and management of professional contests in the Province of British Columbia and may be used by the Commissioner to undertake background checks of participants in the sport. The information you provide and any information obtained will be held in confidence and only used for this purpose.

A. INDIVIDUAL PERS	SONAL INFORMAT	TION						
Name:	Surname		First Name		Middle Name(s)			
Alias/Stage name:	Surname		First Name		Middle Name(s)			
Address:	Street			City				
	Prov/State		Country	·	Postal Code/ZIP			
Mailing address: (if different from above)	Street		City					
	Prov/State		Country		Postal Code/ZIP			
Telephone number:	Home (xxx-xxx-xxxx)	Cell (x	xxx-xxx-xxxx)	Other (x	xx-xxx-xxxx)			
Email address:								
Date of birth:	(yyyy-mm-dd)	Country of citizenship:		Sex:	☐ Male ☐ Female			





B. D	ISCLOSU	RE						
1.	Have yo jurisdict	☐ Yes	☐ No					
2.	similar c	u been a defendant in a civil action related to deceit, misrepresent onduct? ease provide the date, case number and jurisdiction.	ation or	☐ Yes	☐ No			
3.	licence, investiga another	u ever been denied a licence, registration, permit or authorization registration, permit or authorization suspended or cancelled or beation or disciplinary action related to the sport of boxing or MMA in jurisdiction? ovide details. Use separate sheet if necessary.	en subject	☐ Yes t to	□ No			
6.64	ONICENIT	TO COLLECTION LICE AND DICCLOCURE OF DEDCOMAL INFO	DAATION					
C. C	ONSENT	TO COLLECTION, USE AND DISCLOSURE OF PERSONAL INFOR	RIVIATION	N .				
l,				n full) hereby au	thorize:			
		issioner or his or her delegate to confirm the information provided						
		oner or delegate is required to protect the confidentiality and privan an accordance with the <i>Freedom of Information and Protection of Pl</i>	•	(British Columb				
Sign	ature:		Date:	(yyyy-mm-dd)				
Freed Comr	Your personal information is being collected by the Commissioner or his or her delegate under sections 26(a) and 26(c) of the <i>Freedom of Information and Protection of Privacy Act</i> , for the purpose of processing licensing applications under the <i>Athletic Commissioner Act</i> . For questions regarding the collection of personal information please contact the Office of the BC Athletic Commissioner at 250-952-6735 (in Victoria) or 1-855-952-6760 (toll free).							
D. STATEMENT AND DECLARATION								
	•	I of the information provided by me in this application is true to th			and			
belief. If necessary, I will provide my fingerprints to verify whether or not I have a criminal record.								
		hat any false or inaccurate statements made by me in this applicat			nay be			
		ient cause for rejection of an application by the Commissioner or he hat any false or inaccurate statements made in this application tha		-	ing the			
		egistration or permit could result in the suspension or cancellation	•		_			
	ature:		Date:	(yyyy-mm-dd)				