



# BC Athletic Commissioner - PROFESSIONAL -



## PROFESSIONAL CONTESTANT LICENCE APPLICATION for Professional Combat Sport Events APPLICATION PACKAGE

This application package contains information on obtaining a one (1) year licence as a contestant for professional combat sport events in the Province of British Columbia (BC).

Background checks may be conducted to determine your eligibility for licensing. You may be ineligible for licensing if you have been convicted of a criminal charge in any province, territory, state or country that is related to your suitability to be licensed as a contestant or your behaviour is considered, on reasonable grounds, to be a detriment to the integrity or lawful conduct and management of professional contests in the province. You must provide the Commissioner with written authorization to allow the police or other public bodies to release relevant information.

There are seven (7) steps to obtaining a professional contestant licence:

- Step 1** Make a copy of two (2) pieces of personal identification, one that has your photo and is government issued (example: passport, driver's licence) – check that the copy shows your picture clearly.
- Step 2** Have your physician complete the **Physical Examination Form** including the results of blood tests for Hepatitis B, Hepatitis C and HIV. If you are over 35 years of age you must also undergo an annual cardiac stress test.  
**In order to compete, your blood tests and physical examination must have been conducted no more than 90 days before the date of competition.**
- Step 3** Have your Optometrist or Ophthalmologist complete the **Eye Examination Form**. **In order to compete, the examination must have been conducted no more than 90 days before the date of competition.**
- Step 4** Take or have taken two (2) passport style photographs (i.e. headshot against plain background) of yourself. These can be taken by a professional or at home, using a digital camera, smart phone or similar device, and sent via email.
- Step 5** Complete the **Declaration of Criminal Offences**.
- Step 6** Complete the **Fight Record Form**.
- Step 7** Complete the **Contestant Application Form** in full ensuring that you sign where appropriate.

CONTINUE TO NEXT PAGE...



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**Step 8** Forward all of the following documents to the Office of the BC Athletic Commissioner:

- Clear copies of two (2) pieces of personal identification
- Two (2) passport style photographs
- Physical Examination Form, and if you are over 35 the results of your cardiac stress test
- Copy of laboratory results for Hepatitis B, Hepatitis C and HIV
- Eye Examination Form
- Declaration of Criminal Offences Form
- Fight Record Form
- A copy of any certificates achieved in boxing or mixed martial arts, as applicable
- Your completed Licence Application
- Your non-refundable licence payment in the amount of **\$40** (Canadian funds)

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

<b>Office of the BC Athletic Commissioner</b>	
Mailing Address: PO Box 9823 Stn Prov Govt Victoria, BC V8W 9W3	Courier/Drop Off Address: 5 <sup>th</sup> 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 Email: athletic.commissioner@gov.bc.ca	

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



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### PROFESSIONAL CONTESTANT LICENCE APPLICATION for Professional Combat Sport Events TERMS AND CONDITIONS

- The following terms and conditions apply to every licence under the *Athletic Commissioner Act*, including a contestant licence:
- The licence holder must:
  - (a) Promptly report to the Commissioner if you have been charged with an offence, or
  - (b) Report to the Commissioner within 14 days of its occurrence if you have been convicted of an offenceunder the *Athletic Commissioner Act*, another 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 licence being declared void.**
- The licence holder must comply with:
  - the *Athletic Commissioner Act* and the regulations,
  - the terms and conditions prescribed by the Minister, and
  - any terms and conditions imposed on the licence by the Commissioner.
- The licence holder must carry, or have available, the licence at all times when engaged in the activity the licence authorizes.
- The licence holder, when engaged in the activity the licence authorizes, must produce the licence on the request of an inspector under the *Act*, a peace officer or the Commissioner.
- The licence holder must report to the Commissioner, within 14 days after its occurrence, the following:
  - the theft or loss of a licence;
  - a change in an address required by the application for the licence.

#### Contestant Duties

The following, as applicable, are terms and conditions of every contestant licence:

- the contestant must not participate in an event unless the promoter holds an event permit for the event;
- the contestant must comply with the requirements set out in Division 5 of the Minister's Athletic Commissioner Regulation regarding medical requirements;
- the contestant must appear at the time scheduled for, and participate in, the weigh-in ceremony;
- the contestant must:
  - report to his or her dressing room at least one (1) hours before the match is scheduled to begin, and
  - remain in his or her dressing room until ordered to the ring by an official or the Commissioner;



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- if, before an event, the ringside physician determines that the contestant is not fit to compete, the contestant must not compete in the event;
- the contestant must not use a banned substance;
- the contestant must
  - submit to a pre-match medical examination by the ringside physician,
  - submit to a medical examination in the course of a match on request of the ringside physician or referee in the case of a mixed martial arts contest, or of the referee in the case of a boxing contest, and
  - submit to a post-match medical examination by the ringside physician;
- the contestant must consent in writing to
  - submit to the required medical examinations,
  - accept any medical treatment recommended by the ringside physician before, during or after a match, and
  - comply with any post-match medical suspension imposed on the contestant after a match;
- the contestant may not use more than three (3) seconds (corner men) in a match unless the Commissioner has approved;
- the contestant must identify to the Commissioner his or her seconds for an event at the time the contestant must appear for a pre-match medical examination, and, if the contestant has more than one second for a match, the contestant must designate one second as the chief second for the match;
- the Commissioner may disqualify a contestant from an event if the contestant's second fails to comply with the terms and conditions of the second's licence.



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## PROFESSIONAL CONTESTANT LICENCE APPLICATION for Professional Combat Sport Events

**PLEASE NOTE: You must be 19 years of age or older to compete in a professional combat sport event in the Province of British Columbia.**

### A. DISCIPLINE

 Boxing

 MMA

### B. APPLICANT INFORMATION

Legal name:	Surname	First Name	Middle Name
National ID #:			
Aliases/stage name:	Surname	First Name	Middle Name
Aliases/stage name:	Surname	First Name	Middle Name
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 (xxx-xxx-xxxx)	Other (xxx-xxx-xxxx)
Email address:			
Date of birth:	(yyyy-mm-dd)	Country of citizenship:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Physical characteristics	Height:	(feet/inches)	Weight: (lbs)
	Hair color:		Eye color:
Home jurisdiction:		Trainers' name:	
Training facility name:		Address:	
Person to contact in case of emergency:	Surname	First Name	Middle Name
Telephone number:	Home (xxx-xxx-xxxx)	Cell (xxx-xxx-xxxx)	Other (xxx-xxx-xxxx)



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### C. OTHER JURISDICTIONS WHERE THE APPLICANT HOLDS A SIMILAR LICENCE TO THAT BEING APPLIED FOR AT THIS TIME

List the jurisdictions in which you hold or have held a similar licence to that being applied for.

Name of Jurisdiction	Licence #	Expiry Date

### D. DISCLOSURE

1. Have you ever been convicted of a criminal offence in B.C. or another jurisdiction?  Yes  No  
If yes, provide details. Use attached 'Declaration of Criminal Offences' form.

2. Have you been a defendant in a civil action related to fraud, misrepresentation or similar conduct in B.C. or another jurisdiction?  Yes  No  
If yes, provide details. Use separate sheet if necessary.

3. Have you been denied a licence, permit or authorization or had a licence, permit or authorization suspended or cancelled or been subject to investigation or disciplinary action in relation to the sport of boxing, MMA or a martial art in B.C. or another jurisdiction?  Yes  No  
If yes, provide details including the circumstances, discipline and sanction imposed. Use separate sheet if necessary.

### E. APPLICATION FEE

Application fee is as follows:

- o \$40 (Canadian funds)
  - Enclosed is my non-refundable APPLICATION FEE (in Canadian funds)
  - I will telephone the BCAC Office (1-855-952-6760) and pay my APPLICATION FEE by credit card
  - APPLICATION FEE mailed separately

CHEQUE OR MONEY ORDER MUST BE MADE PAYABLE TO:  
**MINISTER OF FINANCE**



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

CONSENT TO COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION:

I hereby consent to:

The following personal information being collected by the Athletic Commissioner or his or her delegate under sections 26(a) and 26(c) of the *Freedom of Information and Protection of Privacy Act*:

- (i) Appropriate personal and contact information

And if required for the licence requested, in accordance with the *Minister's Athletic Commissioner Regulation* (B.C. Reg. 171/2013)

- (ii) Criminal or police records
- (iii) Results of a Credit Check
- (iv) Medical information and records provided by me, my physician(s) and my optician
- (v) Medical information related to assessments conducted by ringside physicians prior to, during or after an *authorized event*,
- (vi) Information related to my conduct prior to, during, and after an *authorized event*
- (vii) Credit Card and or other payment information, if applicable.

*An authorized event is an event sanctioned by the B.C. Athletic Commissioner and athletic commissioners in other jurisdiction for the purposes of section 15(2)(d) of the Athletic Commissioner Act, S.B.C. 2012, c. 29.*

I authorize the personal information to be collected by the Athletic Commissioner in the above manner and I consent to the use of the personal information by the Athletic Commissioner for the purpose of:

- (viii) Processing this licence application and determining my suitability for the licence being sought;
- (ix) Enabling the Athletic Commissioner to verify my personal information and perform background checks prior to the registration or issuance of a licence or permit pursuant to section 4(2) of the *Minister's Athletic Commissioner Regulation* (B.C. Reg. 171/2013);
- (x) Enabling the Athletic Commissioner to regulate and enforce professional boxing and professional mixed martial events governed by the *Athletic Commissioner Act* and regulations.

I further consent to the disclosure of my personal information to the Association of Boxing Commissions (ABC) and through that body, other ABC affiliated athletic commissioners or similar organizations in other jurisdictions that regulate combat sports including but not limited to Boxing, MMA, Kickboxing and Muay Thai, for their use in regulating and ensuring the safety and integrity of these events.

I consent to the storage of my personal information in data facilities located in the United States of America, owned and operated by Salesforce.com Inc., San Francisco, USA and to the access of my personal information from such data facilities by the Athletic Commissioner, his or her delegate(s) or staff of the office of the Athletic Commissioner only.



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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 license under the *Athletic Commissioner Act*.

For questions regarding the collection of personal information please contact the BC Athletic Commissioner at 250-952-6735 (in Victoria) or 1-855-952-6760 (toll-free).

Queries by mail may be directed to:  
Office of the BC Athletic Commissioner  
PO Box 9823 Stn Prov Govt  
Victoria BC V8W 9W3

And by Courier to:  
Office of the BC Athletic Commissioner  
5th Floor, 800 Johnson St.  
Victoria, BC V8W 1N3

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And by Courier to:

Office of the BC Athletic Commissioner  
5th Floor, 800 Johnson St.  
Victoria, BC V8W 1N3

Signature:	Date: (yyyy-mm-dd)
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## G. STATEMENT AND DECLARATION

I certify that all of the information provided by me in this application is true to the best of my knowledge and belief.

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

I understand that any false or inaccurate statements made in this application for licensing that may be revealed following me being issued a licence could result in the suspension or cancellation of my licence.

I certify that I have read and understood the applicable "Standard Terms and Conditions" that apply to all individuals licensed as a Contestant or a Second.

Signature:	Date: (yyyy-mm-dd)
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PROFESSIONAL CONTESTANT LICENCE APPLICATION
DECLARATION OF CRIMINAL OFFENCES

CANADA } IN THE MATTER OF an
PROVINCE OF } application for a licence as a professional
BRITISH COLUMBIA } contestant under the Athletic Commissioner Act

TO WIT:

I, \_\_\_\_\_ (surname, and given names) Of \_\_\_\_\_ (address),
\_\_\_\_\_ (city), \_\_\_\_\_ (province/state), \_\_\_\_\_ (country), born on
\_\_\_\_\_ (dd/mm/yyyy), in \_\_\_\_\_ (city), \_\_\_\_\_ (province/state),
\_\_\_\_\_ (Country) having applied for a licence with the Office of the BC Athletic Commissioner,

DO SOLEMNLY DECLARE THAT:

Below are all of the criminal offences for which I have ever been charged and/or convicted:

Table with 4 columns: Name/type of charge or conviction, Year of charge (on or about), Location of charge or conviction, Disposition (Court outcome)

If you require additional space, please continue on the next page.

I MAKE THIS SOLEMN DECLARATION conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath. I understand that if I am found to be untruthful in any way regarding this declaration I may be subject to sanctions and/or suspensions from the BC Athletic Commissioner. In addition, I understand that I must, and will, inform the BCAC within 14 days of any charges or convictions brought against me while I am licensed with the BCAC.

Signature (Applicant)

Signature (Witness)

Date (dd/mm/yyyy)

Print Name (Witness)

Date (dd/mm/yyyy)



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**PROFESSIONAL CONTESTANT  
90 DAY PHYSICAL EXAMINATION FORM**  
**→ To be completed by a Licensed Physician ←**

**A. APPLICANT INFORMATION**

<b>Name:</b>	Surname	First Name	Date of Birth (yyyy-mm-dd)
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**B. DIAGNOSTIC EVALUATION** (must be completed by licensed Physician)

I hereby certify that I have examined \_\_\_\_\_ Date of Exam \_\_\_\_\_  
 (print contestant's full legal name) (yyyy-mm-dd)

In addition I have examined the **attached** blood test results (as specified below) and certify that they show no indication that the applicant is infectious for any of the diseases noted below.

- HIV
- Acute Hepatitis B
- Chronic Hepatitis B (test panel should include HBsAg surface antigen test)
- Hepatitis C

Contestants over 35 years of age must also undergo a cardiac stress test and a **copy of the test report attached**

Normal       Abnormal

**Weight on Day of Exam:** \_\_\_\_\_

**MUST CHECK ONE:**

- This individual is **FIT** to compete in combat sports at this time.
- This individual is **NOT FIT** to compete in combat sports at this time.

Name of Physician: \_\_\_\_\_

Name of Professional Governing Body: \_\_\_\_\_ Registration #: \_\_\_\_\_

Office Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

**TEST RESULTS MUST BE ATTACHED TO THIS FORM**

**PROFESSIONAL CONTESTANT LICENCE APPLICATION  
EYE EXAMINATION FORM**



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➔ To be completed by a licensed Optometrist or Ophthalmologist ➔

### A. APPLICANT INFORMATION

Name:	Surname	First Name	Middle Name
Medical insurance #:		Date of birth:	(yyyy-mm-dd)

### B. EYE EXAMINATION (MUST include performance of a dilated funduscopy)

I hereby certify that I have examined \_\_\_\_\_ on this date \_\_\_\_\_  
(print contestant's full legal name) (yyyy-mm-dd)

and confirm that as part of this examination I have performed a dilated funduscopy.

**MUST CHECK ONE:**

It is my professional opinion that;

- This individual is **FIT** to compete in combat sports at this time.
- This individual is **NOT FIT** to compete in combat sports at this time.

If 'Not Fit', please explain: \_\_\_\_\_

Name of Optometrist/Ophthalmologist: \_\_\_\_\_

Name of Professional Governing Body: \_\_\_\_\_ Registration #: \_\_\_\_\_

Office Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

Optometrist/Ophthalmologist Signature: \_\_\_\_\_



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PROFESSIONAL CONTESTANT LICENCE APPLICATION  
CONTESTANT FIGHT RECORD

Surname: \_\_\_\_\_ First name: \_\_\_\_\_

I certify that;

I have **not** previously fought in a combat sport event

OR

I have previously participated in a combat sport event(s), as detailed below;

Pro or Amateur	Name of event and location	Date of event	Type of combat sport	Result*	Method**	Round	Time

\*indicate whether a win, loss or draw      \*\* indicate method – KO, TKO, Submission, Decision

**If you require further space, please use additional sheets**

**STATEMENT AND DECLARATION**

I certify all of the information provided by me in this document is true to the best of my knowledge and belief.

Contestant Signature: \_\_\_\_\_

Date: \_\_\_\_\_