



# BC Athletic Commissioner - PROFESSIONAL -



## MATCHMAKER LICENCE APPLICATION for Professional Combat Sport Events APPLICATION PACKAGE

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

There are four (4) steps to obtaining a matchmaker licence:

- 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 clearly.
- Step 3** Complete the **Matchmaker Licence Application** and **Personal Disclosure Form** in full ensuring all required signatures are present.
- Step 4** Forward the following documents to the Office of the Athletic Commissioner:
  - Your completed Licence Application
  - Results of your Criminal Record Check
  - Personal Disclosure form
  - Clear copies of two pieces of personal identification, one which has your photo and is government issued (example: passport, driver’s licence)
  - Your non-refundable licence payment in the amount of \$50 (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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### MATCHMAKER 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 matchmaker 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 license 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.

#### Matchmaker Duties

The matchmaker for an event must ensure that:

- the contestants for each match on the program for an event are suitable on the basis of the fight record and weight to compete with each other; and
- the contestants for each match on the program for an event are not likely to be subject to a post-match medical suspension or a licence suspension in this or another jurisdiction, at the time of the event.



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## MATCHMAKER LICENCE APPLICATION for Professional Combat Sport Events

### A. APPLICANT INFORMATION

Legal 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: <small>(if different from above)</small>	Street		City
	Prov/State	Country	Postal Code/ZIP
Telephone number:	(xxx-xxx-xxxx)	Facsimile number:	(xxx-xxx-xxxx)
Email address:			
Date of birth:	(yyyy-mm-dd)	Country of citizenship:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
<p>Note: You must also complete the <b>Personal Disclosure Form</b> and provide a Criminal Records check issued from the jurisdiction where you reside.</p>			

### B. 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 similar licence to that being applied for.

Name of Jurisdiction	Licence #	Expiry Date



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<b>C. OTHER REQUIRED INFORMATION</b>		
1.	Has the applicant ever been denied a licence, permit, or authorization or had a licence, permit or authorization suspended or cancelled, or been subject to an investigation for wrongdoing in respect of a promoter licence, permit or authorization from any jurisdiction.  If yes, provide details (including where matters were investigated, results and consequences). Use a separate sheet if necessary.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	List the applicant's experience as a matchmaker, including providing a list of the locations and dates of events. Use a separate sheet if necessary.	
3.	Does the applicant have a financial interest in any professional athlete?  If yes, provide name(s) and details. Use separate sheet if necessary.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Does the applicant have a financial interest in a business entity or individual involved in the sport?  If yes, provide name and details. Use separate sheet if necessary.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Is the applicant or anyone in the applicant's organization related by blood, adoption or marriage to any professional athlete or licensed official?  If yes, provide name and details. Use separate sheet if necessary.	<input type="checkbox"/> Yes <input type="checkbox"/> No

## **D. APPLICATION FEE**

Application fee is as follows:

- \$50 (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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### E. 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 licence I am applying for by the Athletic Commissioner for the following purposes:
  - a) Processing this licence application and determining my suitability for the licence being sought;
  - b) 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); and
  - c) Enabling the Athletic Commissioner to regulate and enforce professional boxing and professional mixed martial arts events governed by the *Athletic Commissioner Act* and regulations;
- (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 its 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 licence under the *Athletic Commissioner Act*.



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

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:

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

Signature:

Date: (yyyy-mm-dd)

## F. CONSENT, STATEMENT AND DECLARATION

TO BE READ AND SIGNED BY AN INDIVIDUAL APPLYING FOR A MATCHMAKER LICENCE:

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 licensing applications under the *Athletic Commissioner Act*. 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 licensing 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 licensing that may be revealed following issuance of a licence could result in the suspension or cancellation of that licence.

Signature:

Date: (yyyy-mm-dd)



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## PERSONAL DISCLOSURE FORM

### INFORMATION AND INSTRUCTIONS

Completion of this form is required as part of the application requirements for a Matchmaker Licence or Event Permit under the *BC Athletic Commissioner Act* for:

- Any officer or director of a corporation that is applying for a licence;
- An individual who is applying for a licence 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 PERSONAL INFORMATION

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 (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



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<b>B. DISCLOSURE</b>		
1.	Have you ever been convicted of a criminal offence in B.C. or another jurisdiction? If yes, provide details. Use attached 'Declaration of Criminal Offences' form.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Have you been a defendant in a civil action related to deceit, misrepresentation or similar conduct? If yes, please provide the date, case number and jurisdiction.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Have you ever 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 related to the sport of boxing or MMA in B.C. or another jurisdiction? If yes, provide details. Use separate sheet if necessary.	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>C. CONSENT TO COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION</b>		
I, _____ (print your legal name in full) hereby authorize:		
<ul style="list-style-type: none"> <li>The Commissioner or his or her delegate to confirm the information provided. I understand that the Commissioner or delegate is required to protect the confidentiality and privacy of the personal information provided in accordance with the <i>Freedom of Information and Protection of Privacy Act</i> (British Columbia).</li> </ul>		
Signature:		Date: (yyyy-mm-dd)

Your personal 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 licensing applications under the *Athletic Commissioner Act*. 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).

<b>D. STATEMENT AND DECLARATION</b>		
I certify that all of the information provided by me in this application is true to the best of my knowledge and belief. If necessary, I will provide my fingerprints to verify whether or not I have a criminal record. I understand that any false or inaccurate statements made by me in this application or failure to disclose may be deemed sufficient cause for rejection of an application by the Commissioner or his or her delegate. I understand that any false or inaccurate statements made in this application that may be revealed following the issuance of a licence or permit could result in the suspension or cancellation of that licence or permit.		
Signature:		Date: (yyyy-mm-dd)