



# BC Athletic Commissioner



## ROOM SUPERVISOR APPLICATION for Professional or Amateur Combat Sport Events APPLICATION PACKAGE

This application package contains information on registering as a room supervisor for professional or amateur combat sport events in the Province of British Columbia. A registration as a room supervisor is valid for three (3) years.

There are five (5) steps to registering as a room supervisor:

- Step 1** 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 2** 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 3** 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 (3) years.
- Step 4** Complete the **Declaration of Criminal Offences Form**.
- Step 5** Complete the **Room Supervisor Application** in full, including any experience and/or certificates from relevant training courses. Ensure all required signatures are present.
- Step 6** Forward the following documents to the Office of the Athletic Commissioner:
  - Your completed Registration Application form, including details of any prior/similar experience
  - Criminal Record Check results
  - Declaration of Criminal Offences form
  - Certification from any relevant training course(s)
  - Two (2) passport style photos
  - Clear copies of two (2) pieces of personal identification, one (1) of which has your photo and is government issued (example: passport, driver’s licence).

*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 <a href="http://www.cscd.gov.bc.ca/bcathleticcommission">www.cscd.gov.bc.ca/bcathleticcommission</a> Email: <a href="mailto:athletic.commissioner@gov.bc.ca">athletic.commissioner@gov.bc.ca</a>	

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



## ROOM SUPERVISOR APPLICATION for Professional or Amateur Combat Sport Events TERMS AND CONDITIONS

The following terms and conditions apply to every registrant, including room supervisors:

- The registrant 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 registrant must comply with:
  - any terms and conditions imposed by the Commissioner.
- The registrant must carry, or have available, the notice of issuance at all times when engaged in the authorized activity.
- The registrant, when engaged in the authorized activity, must produce the notice of issuance on the request of an inspector, 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 registration;
  - a change in an address required by the application for the registration.

### Duties of Officials including Room Supervisors

An official must not appear as an official for an event under the influence of a substance that could impair his or her judgment in performing his or her official duties.

Officials such as referees may be subject to a pre-event medical check by a ringside physician attending the event.



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## ROOM SUPERVISOR APPLICATION for Professional or Amateur Combat Sport Events

A. APPLICANT'S INFORMATION				
Legal name:	Surname	First Name		Middle Name
Alias/Stage name:	Surname	First Name		Middle Name
Alias/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
List your relevant experience, including providing a list of locations and dates where you officiated a boxing or MMA event. Use a separate sheet if necessary.				

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. DISCLOSURE**

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Does the applicant have a financial interest in any professional athlete?<br><br>If yes, provide name(s) and details. Use separate sheet if necessary.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Does the applicant have a financial interest in a business entity or individual involved in the sport?<br><br>If yes, provide name and details. Use separate sheet if necessary.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Is the applicant or anyone in the applicant's organization related by blood, adoption or marriage to any professional athlete or licensed official?<br><br>If yes, provide name and details. Use separate sheet if necessary. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**C. STATEMENT AND DECLARATION**

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



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- c) background checks prior to the registration or issuance of a registration or permit; and  
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.

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

Signature:		Date	(yyyy-mm-dd)
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## D. 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 registration 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 registration that may be revealed following my registration, could result in the suspension or cancellation of my registration.

I certify that I have read and understood the standard "Terms and Conditions for Officials", including the "Code of Ethics and Conduct for Officials". I further certify that I will not appear as an official at an event under the influence of a substance that could impair my judgment in performing my official duties.

Signature:		Date	(yyyy-mm-dd)
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# BC Athletic Commissioner



## ROOM SUPERVISOR APPLICATION DECLARATION OF CRIMINAL OFFENCES

CANADA }  
PROVINCE OF }  
BRITISH COLUMBIA }

IN THE MATTER OF an  
application for registration as a room supervisor  
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:

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)

