



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
STATE ATHLETIC COMMISSION  
2601NORTH 3<sup>rd</sup> Street  
HARRISBURG, PA 17110

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Executive Director

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**\*Amateur (MMA) experience Form (Must be completed by Fighter's Trainer/Manager)**

By signing this form below you are certifying that \_\_\_\_\_ has, in your  
Name of Fighter  
judgement, the necessary skills to qualify and be licensed as an **amateur (MMA) Fighter in  
this state.**

You make this judgement based on the following: (circle all that apply)

\* The above named Fighter has been training at your gym  
If YES for how long \_\_\_\_\_

\* Name and location of the GYM where this Fighter has trained:  
\_\_\_\_\_

\* You have witnessed the above named Fighter spar and train and feel they are duly qualified

\* You have first-hand knowledge of the above named Fighter's amateur experience  
If YES –list the win/loss record of this Fighter: \_\_\_\_\_

What if any relationship do you have with the above named Fighter?

Do you hold any type of license with the Pennsylvania State Athletic Commission or any other  
state/tribal Commission? If YES please list the type of license and Commission's name:  
\_\_\_\_\_

**Trainer's /Manager's Name** \_\_\_\_\_  
(Please Print)

\* By signing below I also verify that the above named Fighter has NEVER competed in any professional  
contest in any form of contact sports.

\_\_\_\_\_  
Signature Date

\*\* This form MUST be completed for every amateur MMA Fighter who is competing for the first time in  
Pennsylvania. This form MUST be presented to the Commission before the event.