Commonwealth of Virginia Department of Professional and Occupational Regulation 9960 Mayland Drive, Suite 400 Richmond, Virginia 23233-1485 (804) 367-0186 www.dpor.virginia.gov



## Boxing, Martial Arts, and Professional Wrestling Program AMATEUR SANCTIONING ORGANIZATION - EXPERIENCE VERIFICATION FORM

1. Sanctioning Organization Name

2. Sanctioning Organization Contact Numbers

Primary Telephone Alternate Telephone

3. Which experience category is being used to qualify the amateur sanctioning organization for approval? (Select only <u>one</u>)

- C This organization has a minimum of five years of experience as a martial arts sanctioning organization, representing at least two different promotions during such five-year period in any United States jurisdiction(s). Complete SECTION 4.
- C This organization's responsible management/principal officers (separately or individually) have at least eight years of experience working as a referee or head official for an established sanctioning organization in any United States jurisdiction. Complete SECTION 5. Individuals must be listed in question #9 as responsible management/principal officers on the Amateur Martial Arts Sanctioning Organization Approval Application.

## SECTION 4 Provide examples of the experience obtained: (List at least 1 event per year)

Exp.	Date of Event	Organization/Individual	Venue Information			Event Type	No. of	No. of
No.		(Experience obtained by)	Address	City	State	Professional/Amateur	Fighters	Bouts
1.								
Nam	Name of Promotion Represented:							
Brief	Brief Description of Event:							
								I
Exp.	Date of Event	Organization/Individual	Ven	ue Information		Event Type	No. of	No. of
Exp. No.	Date of Event	Organization/Individual (Experience obtained by)	Veni	ue Information City	State	Event Type Professional/Amateur	No. of Fighters	No. of Bouts
Exp. No. 2.	Date of Event				State			
No.	Date of Event	(Experience obtained by)			State			
No. 2. Nam		(Experience obtained by)			State			
No. 2. Nam	e of Promotion Repr	(Experience obtained by)			State			
No. 2. Nam	e of Promotion Repr	(Experience obtained by)			State			

Exp.	Date of Event	Organization/Individual		Venue Information			No. of	No. of
No.		(Experience obtained by)	Address	City	State	Professional/Amateur	Fighters	Bouts
3.								
Nam	Name of Promotion Represented:							
Brief	Brief Description of Event:							
Exp.	Date of Event	Organization/Individual		nformation	1	Event Type	No. of	No. of
No.		(Experience obtained by)	Address	City	State	Professional/Amateur	Fighters	Bouts
4.								
Nam	Name of Promotion Represented:							
Brief	Description of Ever	t:						
Exp.	Data of Event	Organization/Individual	Venue Ir	nformation		Event Type	No. of	No. of
No.	Date of Event	(Experience obtained by)	Address	City	State	Professional/Amateur	Fighters	Bouts
5.								
Name of Promotion Represented:								
Brief Description of Event:								

## SECTION 5 Provide information for individual referee/head official experience.

Name of Responsible Manager/ Principal Officer Reporting Experience	Sanctioning Organization	Address	City	State	Phone	Referee or Head Official?	From MM/YYYY	To MM/YYYY	
AddDeleter6.Sanctioning Organization'	ete s Responsible Management - Offic	cers, Owners, or Agent's Sig	gnatures is required						
Print Name		Title							
l, the undersigned, certify ta approval.	I, the undersigned, certify that the foregoing statements and answers are true, and no information has been suppressed that might affect the Director's decision to gra approval.								

Signature	Date
Jighataite	Date