



STATE ATHLETIC COMMISSION  
APPLICATION FOR LICENSURE

ADDENDUM

**REFEREE, JUDGE, TIMEKEEPER, or GLOVER**  
**(this addendum is not required for Second or Manager applicants)**

**\*\*EACH APPLICANT FOR LICENSE AS A REFEREE, JUDGE, TIMEKEEPER OR GLOVER SHALL MEET THE FOLLOWING REQUIREMENTS:**

1. Have had at least one (1) year documented experience in either amateur or professional boxing, wrestling, or martial arts as a referee, judge, timekeeper, or glover, whichever is appropriate; and
2. Submit verifications from three (3) persons of the applicant's proficiency as a referee, judge, timekeeper, or glover, whichever is appropriate; and
3. The commission may accept satisfactory evidence of equivalent qualifications possessed by an applicant who is currently licensed in another state or country; or who formerly held a Idaho license which lapsed in good standing.

A. WORK EXPERIENCE: List your work experience including employers names, addresses, phone numbers and dates of practice.  
**My experience in:**  **Boxing**  **Wrestling**  **Mixed Martial Arts as a**

**Referee**  **Judge**  **Timekeeper**  **Glover**

is as follows:

**EMPLOYERS NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**PHONE NO.** \_\_\_\_\_ **DATES of PRACTICE From**      /      /      **to**      /      /       
mm dd yyyy mm dd yyyy

**EMPLOYERS NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**PHONE NO.** \_\_\_\_\_ **DATES of PRACTICE From**      /      /      **to**      /      /       
mm dd yyyy mm dd yyyy

**EMPLOYERS NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**PHONE NO.** \_\_\_\_\_ **DATES of PRACTICE From**      /      /      **to**      /      /       
mm dd yyyy mm dd yyyy

If more space is needed, attach a separate sheet of paper

**B. CHARACTER REFERENCES: Please provide below the names and current contact information (name, address, & phone) of three references who can attest to your proficiency as a referee, judge, or timekeeper.**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____