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. | 1. Sanctioning Organization Name | | | | | | | | | | |
|---|---|---|-------------------|---------------------|-------|----------------------|----------|--------|--|--|--|
| 2. | 2. Sanctioning Organization Contact Numbers | | | | | | | | | | |
| | | | Primary Telephone | Alternate Telephone | | | | | | | |
| 3. | 3. Which experience category is being used to qualify the amateur sanctioning organization for approval? (Select only one) | | | | | | | | | | |
| | 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. | | | | | | | | | | |
| | 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) | | | | | | | | | | | |
| Ехр. | Date of Event | Date of Event Organization/Individual Venue Information | | | _ | Event Type | No. of | No. of | | | |
| No. | Date of Event | (Experience obtained by) | Address | City | State | Professional/Amateur | Fighters | Bouts | | | |
| 1. | | | | | | | | | | | |
| Nam | e of Promotion Rep | resented: | | | | | | | | | |
| Brief | Brief Description of Event: | | | | | | | | | | |
| | | | | | | | | | | | |
| Ехр. | Date of Event | Organization/Individual | Venue Information | | | Event Type | No. of | No. of | | | |
| No. | | (Experience obtained by) | Address | City | State | Professional/Amateur | Fighters | Bouts | | | |
| 2. | | | | | | | | _ | | | |
| Nam | e of Promotion Rep | resented: | | | | | | | | | |
| Brief Description of Event: | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

| Exp. No. | Date of Event | Organization/Individual | Venue Information | | | Event Type | No. of | No. of | | | | |
|--------------------------------|--------------------------------|--------------------------|-------------------|----------------|-------|----------------------|----------|--------|--|--|--|--|
| No. | | (Experience obtained by) | Address | City | State | Professional/Amateur | Fighters | Bouts | | | | |
| 3. | | | | | | | - | | | | | |
| Nam | Name of Promotion Represented: | | | | | | | | | | | |
| Brief Description of Event: | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Ехр. | Date of Event | Organization/Individual | Venue Information | | | Event Type | No. of | No. of | | | | |
| No. | Date of Event | (Experience obtained by) | Address | City | State | Professional/Amateur | Fighters | Bouts | | | | |
| 4. | | | | | | | | | | | | |
| Nam | Name of Promotion Represented: | | | | | | | | | | | |
| Brief | Brief Description of Event: | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| _ | | | | | | | | | | | | |
| Ехр. | Date of Event | Organization/Individual | Ven | ue Information | | 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 |
|--|--------------------------|---------|------|-------|-------|------------------------------|-----------------|---------------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | *** | | | | | |

| | Add Delete | | | | | | | |
|----|--|----------------------|---------------------|---|--|---------------|---------------|--|
| 6. | Sanctioning Organization's Responsible Management - Officers, Ow | ners, or Agent's Sig | natures is required | l | | | | |
| | Print Name | Title | | | | | | |
| | I, the undersigned, certify that the foregoing statements and answers are true, and no information has been suppressed that might affect the Director's de approval. | | | | | ector's decis | sion to grant | |
| | Signature | | Date | | | | | |