



# APPLICATION FOR INITIAL LICENSURE OR RENEWAL OF LICENSURE AS A PROFESSIONAL TIMEKEEPER

State Form 54130 (R5 / 5-14)  
Approved by State Board of Accounts, 2014  
INDIANA GAMING COMMISSION

**INSTRUCTIONS:**

1. A timekeeper license is an annual license that expires on September 30 of each year, regardless of the date of issuance.
2. If you wish to be licensed as both a boxing and mixed martial arts timekeeper, you must submit separate applications for each license indicating as such in the check boxes below. You are required by rule to submit the full license fee with each application.
3. The following information is required to be submitted in order to be issued a timekeeper license:
  - (A) Application for Initial Licensure or Renewal of Licensure as a Professional Timekeeper.
  - (B) A clear photocopy of a current government issued photographic identification card (i.e. driver's license, passport), which affirms that the applicant is at least twenty-one (21) years of age. **\*not required for renewals**
  - (C) One (1) digital photograph of the applicant which show head and shoulders only, without a hat, and in a natural pose. Please email the digital photograph to [iac@igc.in.gov](mailto:iac@igc.in.gov) and include your name in the subject line. **\*not required for renewals**
4. The license fee for this application is \$30.00. Checks and money orders should be made payable to the Indiana Gaming Commission. Please mail, along with the necessary information above, to:
 

Indiana Gaming Commission  
Attention: Athletic Division  
101 W. Washington Street  
East Tower, Suite 1600  
Indianapolis, Indiana 46204
5. The applicant is under a continuing duty to maintain suitability to be licensed as a timekeeper and must update the Commission of any changes to personal information including arrests, charges, or indictments. Failure to report any arrest, detention, charge, indictment, or conviction that has not been expunged or sealed by a court whether a misdemeanor or felony, is cause for denial of licensure, revocation of the license, or disciplinary action against the applicant.

Please check the license you wish to obtain (you may only check ONE (1) for this application):

BOXING TIMEKEEPER

MIXED MARTIAL ARTS TIMEKEEPER

## FOR OFFICE USE ONLY

RECEIPT NUMBER	
LICENSE NUMBER	
DATE ISSUED (month, day, year)	
DATE EXPIRES (month, day, year)	

## APPLICANT INFORMATION

Full name of applicant (first, middle, last) (please print)		Last 4 digits of Social Security number XXX-XX- _____	Date of birth (month, day, year)
Address (number and street, city, state, and ZIP code)			
Primary telephone number (        )	E-mail address		Place of birth (city, state)
State your experience and qualifications which you believe the Commission should consider for licensure: (attach additional sheets if necessary; <b>*not required for renewals</b> )			
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## AFFILIATIONS, CONFLICTS OF INTEREST, AND CRIMINAL & LICENSURE BACKGROUND

**“Conflict of interest” means a situation in which a private interest, usually of a financial nature, may influence a person’s judgment in the performance of his or her duty. A conflict of interest includes, but is not limited to, the following:**

**(A) Any conduct or circumstances that would lead a reasonable person to conclude that the person is biased.**  
**(B) Acceptance of any form of compensation, except as provided for in IC 4-33-22, for any services rendered as part of the person’s duties for the commission.**  
**(C) Participation in any business being transacted by any person in which the person’s spouse or child has a financial interest.**  
**(D) Use of the person’s position, title, or any authority associated with it in a manner designed for personal gain or benefit.**  
**(E) Demonstration, through work or action in the performance of the person’s duties, of any preferential attitude or treatment toward any person.**

- If you answer “Yes” to any question below, explain fully on a separate sheet of paper that includes all related details. The Commission will **NOT** accept letters from attorneys in lieu of your statement.  
 - If you answer “Yes” to a question regarding previous criminal matters, licensure denial or licensure discipline, please include the violation, location, date and disposition on a separate sheet of paper. Include all relevant court documents.  
 - Falsification of any of the following is grounds for permanent revocation of a license issued pursuant to this application.

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|----|---|------------------------------|-----------------------------|
| 1. | Does applicant have, or has applicant ever held, a Federal Gambling Stamp?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. | Have you ever had, or do you presently have, any affiliations with any amateur or professional boxing and/or mixed martial arts promotions, clubs, gyms, associations, sanctioning organizations, or fighters?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. | Have you ever had, or do you presently have, any conflicts of interest with any amateur or professional boxing and/or mixed martial arts promotions, clubs, gyms, associations, sanctioning organizations, or fighters?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. | In the last 10 years or since your last application, have you ever been charged with, convicted of, or pled guilty, or nolo contendere to any criminal offense in any state, or by the Federal courts, or any agency of government (except for arrests which have been sealed or convictions which have been expunged by a court, and minor violations of traffic laws resulting in fines)? Additionally, are you currently facing any unadjudicated misdemeanor or felony charges? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. | Have you ever withdrawn or been denied a license, certification, registration, or permit in the State of Indiana or any other state, country, or tribal nation to participate in any way in boxing and/or mixed martial arts?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. | Has any complaint been filed against you in the State of Indiana or any other state, country, or tribal nation, regarding any license, certification, registration, or permit you currently hold or have previously held to participate in any way in boxing and/or mixed martial arts?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. | Has disciplinary action ever been taken against a license, certification, registration, or permit you currently hold or have previously held in the State of Indiana or any other state, country, or tribal nation to participate in any way in boxing and/or mixed martial arts (e.g. <i>fine, revocation, etc.</i> )?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

### AUTHORIZATIONS FOR RELEASE OF INFORMATION

*Please provide your initials where appropriate.*

I hereby authorize, request and direct any person, firm, officer, corporation, association, organization or institution to release to the Indiana Gaming Commission (“Commission”) any files, documents, records or other information pertaining to the undersigned requested by the Commission, or any of their authorized representatives, in connection with processing my application for licensure. I hereby release the aforementioned persons, firms, officers, corporations, associations, organizations or institutions from any liability with regard to such inspection or furnishing of any such information. I further authorize the Commission to disclose to the aforementioned persons, firms, officers, corporations, associations, organizations or institutions any information, which is material to my application for licensure, and I hereby specifically release the Commission from any and all liability in connection with such disclosures. A photostatic copy of this authorization has the same force and effect as the original.

\_\_\_\_ **INITIALS**  
*(This must be initialed to complete licensure.)*

I hereby authorize the Indiana Gaming Commission (“Commission”) to release, disclose and furnish my personal phone number and electronic mail address, to any interested party. I understand that this is an authorization to release information that is protected under IC 4-33-5-1.5(a)(3) & (11). I understand that this authorization is optional and that declining to consent to said authorization will not result in adverse action being taken by the Commission.

\_\_\_\_ **INITIALS**

### APPLICATION AFFIRMATION

**I hereby swear or affirm, under penalties of perjury, that the statements made in this application are true, complete, and correct.**

Signature of applicant	Printed name of applicant	Date (month, day, year)
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