



INSPECTOR APPLICATION

State Form 54294 (R3 / 5-14)

INDIANA GAMING COMMISSION

INSTRUCTIONS: 1. The applicant is under a continuing duty to maintain suitability to work as an inspector and must update the Commission of any changes to personal information including arrests, charges, or indictments, as well as any new affiliations that arise in the industry.

2. Please mail the completed application to:

Indiana Gaming Commission
Attention: Athletic Division
101 W. Washington Street
East Tower, Suite 1600
Indianapolis, Indiana 46204

APPLICANT INFORMATION

Full name of applicant (first, middle, last)	Date of birth (month, day, year)
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Address (number and street, city, state, and ZIP code)

Primary telephone number ()	E-mail address	Occupation	Business telephone number ()
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- If you answer "Yes" to any question below, explain fully on a separate sheet of paper that includes all related details. Letters from attorneys are not accepted in lieu of your statement.
- If you answer "Yes" to a question regarding previous criminal matters, please include the violation, location, date and disposition on a separate sheet of paper. Include all relevant court documents if applicable.
- Falsification of any of the following may result in the denial of your application.

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|----|--|------------------------------|-----------------------------|
| 1. | 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? | ☐ Yes | ☐ No |
| 2. | In the last 10 years, 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? | ☐ Yes | ☐ No |
| 3. | Have you ever held a license, certification, registration, permit or other official authorization from any state or tribal nation to participate in any way in boxing and/or mixed martial arts? (e.g. fighter, official, etc.) | ☐ Yes | ☐ No |

Please describe your background and experience in the sports of boxing and mixed martial arts and why you wish to assist in the regulation of events (*attach additional sheets if necessary*):

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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