BCS/LAT-041 (04/11)

Michigan Department of Licensing and Regulatory Affairs
Bureau of Commercial Services
Licensing Division
MICHIGAN UNARMED COMBAT COMMISSION
P.O. Box 30018, Lansing, MI 48909
517-241-8205
www.michigan.gov/ucc

FOR OFFICE USE ONLY	
Approved By:	Date Approved:
License Number:	Date Issued:

APPLICATION FOR BOXING TIMEKEEPER LICENSE

AUTHORITY: P.A. 403 of 2004
COMPLETION: Mandatory
PENALTY: Failure to complete may result in denial of your application

FEE	
NEW APPLICATION	$100.00
RELICENSURE	$120.00

PRINT IN INK OR TYPE ALL RESPONSES BELOW

Applicant's Name (Last, First, Middle)		Social Security Number	Date of Birth
Mailing Address (Number and Street)		City	
State	Zip Code	Home Telephone Number ( )	Business Telephone Number ( )

Have you completed the required 300 rounds of amateur competitive boxing as a timekeeper?

☐ Yes ☐ No

Have you ever had disciplinary action taken against any license, registration, certificate or permit you now hold or have ever held? (Includes but is not limited to final orders, suspension, revocation, denial, cease and desist order, etc.)

☐ Yes - Download the form BCS/LCE-021 "Request for Disciplinary Action Information". The form can be downloaded and completed to accompany this application. See www.michigan.gov/ucc and select Forms & Publications. The form must be included to avoid delays in processing your application. ☐ No

Applicant's Certification:

I hereby certify that the statements in this application are true and correct. I have not withheld information which might affect the decisions to be made on this application. I hereby authorize the Department of Licensing and Regulatory Affairs and its agents to investigate any statements made by me in this application, including checking criminal, civil and administrative records.

I hereby acknowledge that issuance of a boxing timekeeper license is a privilege. I have the responsibility to prove my general suitability, character, integrity and ability to participate, engage in or be associated with boxing contests or exhibitions. I accept the risk of adverse public notice, embarrassment, criticism, financial loss or other action which may result from action with respect to an application and expressly waive any claim for damages as a result thereof.

Applicant's Signature _____ Date _____

FEE PAYMENT INFORMATION (Check One)

FOR OFFICE USE ONLY - VALIDATION

☐ Boxing Timekeeper Application Fee: $100.00 (1513-01=$30.00) (1513-07=$70.00)

☐ Boxing Timekeeper Relicensure Fee: $120.00 (1513-01=$30.00) (1513-07=$70.00) (1513-23=$20.00)

Make your check or money order in U.S. Currency payable to:

STATE OF MICHIGAN

LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.