



South Carolina Department of Labor, Licensing and Regulation
South Carolina Athletic Commission
 P.O. Box 11329 • Columbia, SC 29211
 Phone: 803-896-4571 • Fax: 803-896-4350
 Contact.Athl@llr.sc.gov
 www.llr.state.sc.us/POL/Athletic/



APPLICATION FOR LICENSURE

For Boxing, Off the Street Boxing (OTSB), Kick Boxing, Wrestling and/or Mixed Martial Arts (MMA)

****All licenses are valid through December 31st of application year ****

Select the type of license you are applying for and remit application fee via check or money order only.
 A returned check fee of up to \$30, or an amount specified by law, may be accessed on all returned funds.

Submit the following with your application to the Athletic Commission at the above address:

- Application Fee made payable to SC State Athletic Commission
- Copy of Drivers License, State Issued ID or Passport
- Copy of social security card

- | | | |
|--|--|--|
| <input type="checkbox"/> \$130 Matchmaker | <input type="checkbox"/> \$50 Second | <input type="checkbox"/> \$100 Manager |
| <input type="checkbox"/> \$75 Announcer | <input type="checkbox"/> \$50 Timekeeper | |
| <input type="checkbox"/> \$50 Announcer for Wrestling Only | <input checked="" type="checkbox"/> \$75 Judge | <input type="checkbox"/> \$50 Trainer |

Primary Event Type (see below list): _____

Select all event types you will cover (not applicable for Wrestling Only Announcer):

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Boxing | <input type="checkbox"/> OTSB | <input checked="" type="checkbox"/> Kick Boxing |
| <input type="checkbox"/> Wrestling | <input checked="" type="checkbox"/> Mixed Martial Arts | |

APPLICANT INFORMATION:

Full Name: Shawn Woods

Home Address: _____
(Street, City, State & Zip Code) Rock Hill SC 29730

Mailing Address: _____
(If different than above)

Telephone: (Cell) _____ (Other) _____

Email Address: _____

Date of Birth: 9/28 Age: 39 Social Security: _____

*****Attach a valid photo ID that verifies your date of birth. (Driver's license, State ID or Passport)*****

PERSONAL HISTORY:

1. Are you presently licensed or have you ever been licensed by any state or local athletic commission?

If yes, please list state(s): _____

Yes No *SW*

2. Have you ever been denied any type of professional or occupational license, including athletic license or permit in this state or jurisdiction?
(If yes, provide a detailed explanation on a separate sheet and remit with application.)

Yes No

3. Have you ever had any type of professional or occupational license or permit suspended, revoked, surrendered or have you ever been disciplined by the licensing authorities in this state or any other state or international jurisdiction?
(If yes, provide a detailed explanation on a separate sheet and remit with application.)

Yes No

DISCIPLINARY QUESTIONS:

*****This section is for Judges Only*****

1. Have you ever been convicted of a felony or other crime involving moral turpitude?
(If yes, you must provide a detailed explanation on a separate sheet and a statewide criminal background check from the state in which the incident occurred)

Yes No

2. Have you read and do you understand the South Carolina Athletic Law and the Rules, Regulations and Guidelines of the Commission?

Yes No *SW*

Privacy Act Disclosure:

South Carolina Law requires that every individual who applies for an occupational or professional license provide a social security number for use in the establishment, enforcement and collection of child support obligations and for reporting to certain databanks established by law. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Social security numbers may also be disclosed to other governmental regulatory agencies and for identification purposes to testing providers and organizations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.

Privacy Act Disclosure Continued:

Other personal information collected by the Department for the licensing boards it administers is limited to such personal information as is necessary to fulfill a legitimate public purpose. The South Carolina Freedom of Information Act ensures that the public has a right to access appropriate records and information possessed by a government agency. Therefore, some personal information on the application may be subject to public scrutiny or release. The Department collects and disseminates personal information in compliance with The South Carolina Freedom of Information Act, the South Carolina Family Privacy Protection Act, and other applicable privacy laws and regulations. Additionally, the Department shares certain information on the application with other governmental agencies for various governmental purposes, including research and statistical services.

ATTESTATION AND SIGNATURE

I, Shaun Woods, am the person described and identified, of good moral
(Print Name)

character, and the person named in all documents presented in support of this application. I certify that I have never been convicted of violating any Federal, State, Municipal or other law statute or ordinance, other than as disclosed as required within this application.

I certify that all statements contained herein are true and correct to the best of my knowledge. I further understand that false or incorrect information provided by me may result in the cancellation of any license issued pursuant to this application.


Signature of Applicant

Date 05-18-2018

Did you remember to?

Include a copy of a valid photo ID?

Have your Verification of Lawful Presence notarized?

Include a check or money order with the correct fee amount?

