

Vermont Secretary of State
OFFICE OF PROFESSIONAL REGULATION

PROFESSIONAL BOXING APPLICATION

COMPLETED APPLICATION MUST INCLUDE:

1. All information completed on, page 1, by the applicant;
2. Signed and dated Statements Regarding Child Support, Regarding Taxes and Regarding Unemployment Compensation Contributions, page 2, by the applicant;
3. Copy of National Boxing Registry Identification card; and
6. Application fee (non-refundable: make check out to the Vermont Secretary of State)

\$ 25.00 - Professional Boxer

COMPLETED APPLICATION MUST BE MAILED OR DELIVERED TO:

Mailing Address: Office of Professional Regulation, 26 Terrace Street, Drawer 09, Montpelier, VT 05609-1106
Office Location: 26 Terrace Street, Montpelier, VT
Phone/FAX: 802-828-2837 or 802-828-2465 (FAX)
E-Mail: nmorin@sec.state.vt.us



Vermont Secretary of State
Office of Professional Regulation

PROFESSIONAL BOXING REGISTRATION

<i>For Office Use Only</i>	
Registration #...
Date Issued.....
Fee REC'D.....
Appl. approved.....

Print Name in Full _____
(Last) (First) (Middle)

Mailing Address _____
(Street)

(City) (State) (Zip Code)

Ring Name _____ Height _____ Weight _____

Ring Weight _____ Date of Birth _____ Distinguishing Marks _____

Do you now hold or have you ever held a registration/certificate/license to participate in a boxing contest in any other state/country/territory? ___YES ___NO If yes, complete below.

State/Country/Territory	Registration/Certificate/License#	Date Issued	Current Status

Please circle Yes or No. If yes, a written explanation is required.

- Have you ever been convicted of a crime other than a minor traffic violation? YES NO
If the answer is "yes", attach the court documents.
- Has any state, territory, or other jurisdiction denied your application for a license, certificate, or registration in any profession or occupation? YES NO
- Has any state or federal licensing authority restricted, suspended, revoked, or taken any other disciplinary action against a license, certificate, or registration that you hold or held in any profession or occupation? YES NO
If the answer to #2 or #3 is "yes", provide a copy of the order or official notification of the Board action.

ANSWERS TO 4-5-6 ARE NOT SUBJECT TO PUBLIC DISCLOSURE

- Do you have a physiological, mental, or psychological condition or disorder which in any way impairs or limits your ability to practice as a Public Accountant with reasonable skill and safety? YES NO
If the answer to #4 is "yes", provide a physician's statement or medical confirmation of the disability.
- Does your use of alcohol, drugs, or medications in any way impair or limit your ability to practice as a Public Accountant with reasonable skill and safety? YES NO
If yes, please explain in detail.
- Are you engaged in the illegal use of drugs? YES NO

Applicants Statement Regarding
Child Support, Taxes, Unemployment Compensation Contributions

I, _____, am applying to register as a _____.
(Print Full Name) (Type of License)

Regarding Child Support

Title 15 § 795 requires that: A professional license or other authority to conduct a trade or business may not be issued or renewed unless the person certifies that he or she is in good standing with respect to or in full compliance with a plan to pay any and all child support payable under a support order as of the date the application is filed. "Good standing" means that less than one-twelfth of the annual support obligation is overdue; or liability for any support payable is being contested in a judicial or quasi-judicial proceeding; or he or she is in compliance with a repayment plan approved by the office of child support or agreed to by the parties; or the licensing authority determines that immediate payment of support would impose an unreasonable hardship. (15 V.S.A. § 795)

1. You must check one of the two statements below regarding child support regardless whether or not you have children:

_____ I hereby certify that, as of the date of this application: (a) I am not subject to any support order or (b) I am subject to a support order and I am in good standing with respect to it, or (c) I am subject to a support order and I am in full compliance with a plan to pay any and all child support due under that order.

or

_____ I hereby certify that I am **NOT** in good standing with respect to child support dues as of the date of this application and I hereby request that the licensing authority determine that immediate payment of child support would impose an unreasonable hardship. Please forward an "Application for Hardship".

Regarding Taxes

Title 32 § 3113 requires that: A professional license or other authority to conduct a trade or business may not be issued or renewed unless the person certifies that he or she is in good standing with the Department of Taxes. "Good standing" means that no taxes are due, the tax liability is on appeal, the taxpayer is in compliance with a payment plan approved by the Commissioner of Taxes, or the licensing authority determines that immediate payment of taxes would impose an unreasonable hardship. (32 V.S.A. § 3113)

2. You must check one of the two statements below:

_____ I hereby certify, under the pains and penalties or perjury, that I am in good standing with respect to or in full compliance with a plan to pay any and all taxes due to the State of Vermont as of the date of this application. (The maximum penalty for perjury is fifteen years in prison, a \$10,000.00 fine or both).

or

_____ I hereby certify that I am **NOT** in good standing with respect to taxes due to the State of Vermont as of the date of this application and I hereby request that the licensing authority determine that immediate payment of taxes would impose an unreasonable hardship. Please forward an "Application for Hardship".

Regarding Unemployment Compensation Contributions

Title 21 § 1378 requires that: No agency of the state shall grant, issue or renewal any license or other authority to conduct a trade or business (including a license to practice a profession) to, or enter into, extend or renew any contract for the provision of goods, services or real estate space with any employing unit unless such employing unit shall first sign a written declaration, under the pains and penalties of perjury, that the employing unit is in good standing with respect to or in full compliance with a plan to pay any and all contributions or payments in lieu of contributions due as of the date such declaration is made. For the purposes of this section, a person is in **good standing** with respect to any and all contributions or payments in lieu of contributions payable if: (1) no contributions or payments in lieu of contributions are due and payable; (2) the liability for any contributions or payments in lieu of contributions due and payable is on appeal; (3) the employing unit is in compliance with a payment plan approved by the Commissioner; or (4) in the case of a licensee, the agency finds that requiring immediate payment of contributions or payments in lieu of contributions due and payable would impose an unreasonable hardship.

3. You must check one of the three statements below regarding unemployment contributions or payments in lieu of unemployment contributions:

_____ I hereby certify, under the pains and penalties or perjury, that I am in good standing with respect to or in full compliance with a payment plan approved by the Commissioner of Employment and Training to pay any and all unemployment contributions or payments in lieu of unemployment contributions to the Vermont Department of Employment and Training as of the date of this application. (The maximum penalty for perjury is 15 years in prison, a \$10,000.00 fine or both).

or

_____ I hereby certify that I am **NOT** in good standing with respect to unemployment contributions or payments in lieu of unemployment contributions due to the Vermont Department of Employment and Training as of the date of this application and I hereby request that the licensing authority determine that requiring immediate payment of unemployment contributions or payments in lieu of unemployment contributions would impose an unreasonable hardship. Please forward an Application for Hardship.

or

_____ I hereby certify that 21 V.S.A. § 1378 is not applicable to me because I am not now, nor have I ever been, an employer.

Social Security # _____/_____/_____* Date of Birth _____/_____/_____

* The disclosure of your social security number is mandatory, is solicited by the authority granted by 42 U.S.C. § 405 (c)(2)(C), and will be used by the Department of Taxes and the Department of Employment and Training, in the administration of tax laws, to identify individuals affected by such laws, and by the Office of Child Support.

STATEMENT OF APPLICANT

I certify that the information stated by me in this application is true and accurate to the best of my knowledge. I understand that providing false information or omission of information is unlawful and may jeopardize my license/certification/registration status.

Signature of Applicant _____ Date _____