



# New Mexico Regulation and Licensing Department

BOARDS AND COMMISSIONS DIVISION

New Mexico Athletic Commission

Toney Anaya Building ▪ P.O. Box 25101 ▪ Santa Fe, New Mexico 87504  
(505) 476-4622 ▪ Fax (505) 476-4665 ▪ [www.RLD.state.nm.us](http://www.RLD.state.nm.us)

## APPLICATION FOR NEW MEXICO ATHLETIC COMMISSION LICENSURE

Attach a Passport  
Quality Photo Here

I am applying for (check one):

Professional Wrestler License, Fee **\$35.00**

Please Write Name on  
Back of Photo

**\*\*ALL FEES ARE NON-REFUNDABLE. \*\***

**\*\*ALL LICENSING INFORMATION IS PUBLIC INFORMATION\*\***

| PERSONAL INFORMATION                                                                                                                                                                |                |                                                                        |                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------------------------------------------------------|--------------------------|
| LAST NAME                                                                                                                                                                           | FIRST NAME     | MIDDLE NAME                                                            | SUFFIX                   |
| NAME AS YOU WOULD LIKE IT TO APPEAR ON OFFICIAL LICENSE OR CERTIFICATE                                                                                                              |                |                                                                        |                          |
| MAILING ADDRESS                                                                                                                                                                     |                |                                                                        |                          |
| CITY                                                                                                                                                                                |                | STATE                                                                  | ZIP CODE                 |
| PERSONAL PHONE                                                                                                                                                                      |                | BUSINESS PHONE                                                         |                          |
| EMAIL                                                                                                                                                                               |                | <input type="checkbox"/> PERSONAL OR <input type="checkbox"/> BUSINESS |                          |
| DATE OF BIRTH                                                                                                                                                                       | PLACE OF BIRTH | INDIVIDUAL TAXPAYER IDENTIFICATION NUMBER                              |                          |
| Please answer the following questions. If you answer "yes" to question 1 or 2, provide an explanation;<br>(Please provide explanation on separate paper) Please check off Yes or No |                |                                                                        |                          |
|                                                                                                                                                                                     |                | Yes                                                                    | No                       |
| 1. Have you ever had a license revoked or suspended by an Athletic Commission in any jurisdiction? If yes, explain:                                                                 |                | <input type="checkbox"/>                                               | <input type="checkbox"/> |
| 2. Have you ever been convicted of a felony? If yes, provide date of conviction, name of offense, and jurisdiction for each felony:                                                 |                | <input type="checkbox"/>                                               | <input type="checkbox"/> |
| 3. Have you read and understood the New Mexico Athletic Competition Act and the Rules adopted by the New Mexico Athletic Commission?                                                |                | <input type="checkbox"/>                                               | <input type="checkbox"/> |
| BCD USE ONLY:                                                                                                                                                                       |                |                                                                        |                          |
| RECEIVED ON:                                                                                                                                                                        | PROCESSED BY:  |                                                                        | RECEIPT NO:              |
| AMOUNT:                                                                                                                                                                             | CHECK/MO #     |                                                                        |                          |