



Georgia Athletic and
Entertainment Commission
Room 802 West Tower
#2 Martin Luther King Jr. Drive
Atlanta GA 30334
Andy Foster, Director
404-656-2868

DATE:

SUBJECT: Verification of Boxing Experience

TO:

FROM: Andy Foster, Executive Director
Georgia Athletic and Entertainment Commission

By signing this form below you are certifying that _____
Name of Boxer

has, in your judgment, the necessary skills to qualify and be licensed as a professional
boxer in this state. You make this judgment based on the following: (Circle all that Apply)

- The above named Boxer has been training at your gym. If YES, how long

- You have witnessed the above named Boxer spar and train and feel he/she is duly
qualified
- You have first-hand knowledge of the above named Boxer's amateur boxing
experience. If YES please include his/her amateur pass book.

What, if any, relationship do you have with the above named boxer?

Current type of license you hold with the Georgia Athletic and Entertainment

Commission _____

Trainer/Manager's Name _____
Please Print

Signature _____

Date _____