

**STATE ATHLETIC COMMISSION
BUREAU OF OCCUPATIONAL LICENSES
700 WEST STATE STREET, PO BOX 83720
Boise, Idaho 83720-0063**

APPLICATION FOR LICENSURE AS A MATCHMAKER

Please complete this form by providing the requested information (please print) and the required fees. Your signature must be notarized and any supporting documentation must be attached. Submit the completed form to the address noted.

NOTE: ANY ACTIVITY PRIOR TO OBTAINING A VALID LICENSE IS UNLAWFUL AND MAY RESULT IN CRIMINAL PROSECUTION AND DENIAL OF YOUR RIGHT TO LICENSURE.

I hereby make application for licensure to practice as a matchmaker in the State of Idaho under the provisions of Title 54, Chapter 4, Idaho Code as amended. Attach a check or money order made out to the Bureau for **\$250.00**. All returned checks are subject to a \$20.00 fee.

1. Full Name _____

2. Address of Record _____
(The above address is public record) Street City State Zip

3. Mailing Address _____
(The above address is not public record) Street/PO Box City State Zip

4. Date of Birth ____/____/____ **Place of Birth** _____ **Social Security No.** ____/____/____
mm dd yyyy

5. Business Phone (____) _____ **E-mail** _____
(The above phone number is public record)

6. Have you ever been convicted of any State or Federal felony? [] Yes [] No
(If Yes, a detailed statement, including a summary of the charges, the final order, any probation or parole documentation, and any other relevant information must be attached.)

7. Have you ever had a license, or registration revoked, suspended or otherwise sanctioned? [] Yes [] No
(If yes, a copy of the charges and the final order must be received before your application will be processed.)

8. Are you or have you ever been a user of or addicted to any habit forming or unlawful substance? [] Yes [] No
(If Yes, or the results of your urinalysis is positive, you must attach proof of participation in a recognized drug rehabilitation program.)

AFFIDAVIT

I hereby certify that I am the person named above and that I am of good moral character and temperate habits. I swear or affirm that the information provided on and attached to this application is true and accurate to the best of my knowledge and belief. I further certify that I have reviewed and will comply with the Idaho Laws and Rules governing the license and practice for which this application is being submitted. I also hereby authorize and direct any person, agency, firm, or other entity to release, upon the request of the Bureau of Occupational Licenses or its authorized representative, any information, communication, report, record, statement, disclosure, or recommendation that may have bearing on my eligibility for or maintenance of the license for which I am applying. I also hereby authorize the Bureau of Occupational Licenses to release to any other regulatory entity in any jurisdiction any information requested about me that may otherwise be otherwise protected or confidential that may have bearing on my eligibility for or maintenance of any license issued subsequent to this application.

Signature of applicant

State of _____, County of _____, ss.

Subscribed and sworn before me this _____ day of _____, 20 ____.

(seal)

Notary Public official signature

my commission expires _____