

MALTA BOXING COMMISSION

10 Christef Flats, Triq il-Maskli, Qawra, San Paul il-bahar, Malta Tel: +356 99452555 – Tel: +356 79452555

Web: www.maltaboxingcommission.com E.Mail: admin@maltaboxingcommission.com

APPLICATION FOR PROFESSIONAL BOXING COACHING LICENSE(S)

(STATE KIND OF LICENSE REQUIRED)	LICENSE
SCHEDULE OF ANNUAL FEES	
Coach (Trainer) €110 Cutman €110 Seco	ond €100
Two passport photographs, proof of boxing histor must accompany application and the form to be s form and passport photographs can also be scan	ent to office address above, alternatively the
Please do not send the fee with this form, once the e.mail you a MBC PayPal Invoice (which can be por alternatively bank transfer details are available	paid via PayPal funds or Debit/Credit card)
READ INSTRUCTIONS CAREFULLY	
EACH APPLICANT SHOULD ANSWER	THE FOLLOWING
PLEASE PRINT CLEARLY	
Name of Applicant	
Address	
Telephone/Mobile:	_ E.Mail:
Place of Birth	Date of Birth
Age Occupation	

Employer	
Have you ever been Arrested for Violating the Laws of the Republic of Malta or any other Country? Yes/No	
If yes, state where and give details	
Are you licensed by any other Commission/Board? Yes/No If yes, which Commission/Board?	
Have you attended a recognized coaching course, whether boxing related or personal training, and received a certificate? Yes/No if yes, give details or attach copy of certificates to application;	
Have you attended a recognized First Aid Course and received a certificate? Yes/No If yes, give details or attach copy of certificates to application;	
Signed: Date:	