



Arkansas State Athletic Commission

Arkansas Department of Labor & Licensing
 900 West Capitol STE 400
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 Email Address: asklabor@arkansas.gov
 Internet Address: www.labor.arkansas.gov

Weigh-In & Inspection Report

Promoter's Name:	Promoter's Telephone & Fax #
Event Venue Name & Location: Event Permit #	Weigh-in Venue Name & Location:
Event Date & Time:	Weigh-in Start/End Time:

License Fees Collected or Due From Promoter

<p>Calculation of Fee(s):</p> <p>_____ Announcer License(s) @ \$20 Equals \$ _____</p> <p>_____ Contestant License(s) @ \$20 Equals \$ _____</p> <p>_____ Contestant Fed/Nat ID @ \$20 Equals \$ _____</p> <p>_____ Corner/2nd License(s) @ \$15 Equals \$ _____</p> <p>_____ Event Coordinator @ \$100 Equals \$ _____</p> <p>_____ Judge License(s) @ \$15 Equals \$ _____</p> <p>_____ Manager License(s) @ \$50 Equals \$ _____</p> <p>_____ Matchmaker License(s) @ \$100 Equals \$ _____</p> <p>_____ Referee License(s) @ \$25 Equals \$ _____</p> <p>_____ Timekeeper License(s) @ \$15 Equals \$ _____</p> <p>TOTAL DUE: \$ _____</p>	<p>Due from Promoter: (Promoter Must Initial By Total Due)</p> <p>Licensee(s) Whose Fee(s) Are Being Paid by Promoter:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><u>NAME</u></th> <th style="text-align: right; border-bottom: 1px solid black;"><u>AMOUNT DUE</u></th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"> </td> <td> </td> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> </tr> <tr> <td style="text-align: right; border-top: 1px solid black;">TOTAL DUE:</td> <td style="text-align: right; border-top: 1px solid black;">\$ _____</td> </tr> </tbody> </table>	<u>NAME</u>	<u>AMOUNT DUE</u>									TOTAL DUE:	\$ _____
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<p>Commission/Inspector Weigh-In Notes:</p>	<p>Received Directly from Licensee(s) at Weigh-in or Event:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><u>NAME</u></th> <th style="text-align: right; border-bottom: 1px solid black;"><u>AMOUNT DUE</u></th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"> </td> <td> </td> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> </tr> <tr> <td style="text-align: right; border-top: 1px solid black;">TOTAL COLLECTED:</td> <td style="text-align: right; border-top: 1px solid black;">\$ _____</td> </tr> </tbody> </table>	<u>NAME</u>	<u>AMOUNT DUE</u>					TOTAL COLLECTED:	\$ _____				
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TOTAL COLLECTED:	\$ _____												

Weigh-In & Inspection Results

MAIN EVENT

BLUE CORNER

RED CORNER

Contestant Name:	VS.	Contestant Name:
Weight: Inspector's Initials:	() Rounds	Weight: Inspector's Initials:
Pre-Bout B.A.C. Test: <input type="checkbox"/> Pass <input type="checkbox"/> Fail – Result: Inspector's Initials:	Weight	Pre-Bout BAC Test: <input type="checkbox"/> Pass <input type="checkbox"/> Fail – Result: Inspector's Initials:
Hand Wraps: Approved Symbol/Marking Used: Inspector's Initials:	Style	Hand Wraps: Approved Symbol/Marking Used: Inspector's Initials:
Gloves (Size, Condition & Tape): Inspector's Initials: Approved Symbol/Marking Used:	Amateur/Pro	Gloves (Size, Condition & Tape): Inspector's Initials: Approved Symbol/Marking Used:

UNDERCARD

BLUE CORNER

BOUT #1

RED CORNER

Contestant Name:	VS.	Contestant Name:
Weight: Inspector's Initials:	() Rounds	Weight: Inspector's Initials:
Pre-Bout B.A.C. Test: <input type="checkbox"/> Pass <input type="checkbox"/> Fail – Result: Inspector's Initials:	Weight	Pre-Bout BAC Test: <input type="checkbox"/> Pass <input type="checkbox"/> Fail – Result: Inspector's Initials:
Hand Wraps: Approved Symbol/Marking Used: Inspector's Initials:	Style	Hand Wraps: Approved Symbol/Marking Used: Inspector's Initials:
Gloves (Size, Condition & Tape): Inspector's Initials: Approved Symbol/Marking Used:	Amateur/Pro	Gloves (Size, Condition & Tape): Inspector's Initials: Approved Symbol/Marking Used:

BLUE CORNER

BOUT #2

RED CORNER

Contestant Name:	VS.	Contestant Name:
Weight: Inspector's Initials:	() Rounds	Weight: Inspector's Initials:
Pre-Bout B.A.C. Test: <input type="checkbox"/> Pass <input type="checkbox"/> Fail – Result: Inspector's Initials:	Weight	Pre-Bout BAC Test: <input type="checkbox"/> Pass <input type="checkbox"/> Fail – Result: Inspector's Initials:
Hand Wraps: Approved Symbol/Marking Used: Inspector's Initials:	Style	Hand Wraps: Approved Symbol/Marking Used: Inspector's Initials:
Gloves (Size, Condition & Tape): Inspector's Initials: Approved Symbol/Marking Used:	Amateur/Pro	Gloves (Size, Condition & Tape): Inspector's Initials: Approved Symbol/Marking Used:

BLUE CORNER

BOUT #3

RED CORNER

Contestant Name:	VS.	Contestant Name:
Weight: Inspector's Initials:	() Rounds	Weight: Inspector's Initials:
Pre-Bout B.A.C. Test: <input type="checkbox"/> Pass <input type="checkbox"/> Fail – Result: Inspector's Initials:	Weight	Pre-Bout BAC Test: <input type="checkbox"/> Pass <input type="checkbox"/> Fail – Result: Inspector's Initials:
Hand Wraps: Approved Symbol/Marking Used: Inspector's Initials:	Style	Hand Wraps: Approved Symbol/Marking Used: Inspector's Initials:
Gloves (Size, Condition & Tape): Inspector's Initials: Approved Symbol/Marking Used:	Amateur/Pro	Gloves (Size, Condition & Tape): Inspector's Initials: Approved Symbol/Marking Used:

BLUE CORNER	BOUT #4	RED CORNER
Contestant Name:	VS.	Contestant Name:
Weight: Inspector's Initials:	() Rounds	Weight: Inspector's Initials:
Pre-Bout B.A.C. Test: <input type="checkbox"/> Pass <input type="checkbox"/> Fail – Result: Inspector's Initials:	Weight	Pre-Bout BAC Test: <input type="checkbox"/> Pass <input type="checkbox"/> Fail – Result: Inspector's Initials:
Hand Wraps: Approved Symbol/Marking Used: Inspector's Initials:	Style	Hand Wraps: Approved Symbol/Marking Used: Inspector's Initials:
Gloves (Size, Condition & Tape): Inspector's Initials: Approved Symbol/Marking Used:	Amateur/Pro	Gloves (Size, Condition & Tape): Inspector's Initials: Approved Symbol/Marking Used:

BLUE CORNER	BOUT #5	RED CORNER
Contestant Name:	VS.	Contestant Name:
Weight: Inspector's Initials:	() Rounds	Weight: Inspector's Initials:
Pre-Bout B.A.C. Test: <input type="checkbox"/> Pass <input type="checkbox"/> Fail – Result: Inspector's Initials:	Weight	Pre-Bout BAC Test: <input type="checkbox"/> Pass <input type="checkbox"/> Fail – Result: Inspector's Initials:
Hand Wraps: Approved Symbol/Marking Used: Inspector's Initials:	Style	Hand Wraps: Approved Symbol/Marking Used: Inspector's Initials:
Gloves (Size, Condition & Tape): Inspector's Initials: Approved Symbol/Marking Used:	Amateur/Pro	Gloves (Size, Condition & Tape): Inspector's Initials: Approved Symbol/Marking Used:

BLUE CORNER	BOUT #6	RED CORNER
Contestant Name:	VS.	Contestant Name:
Weight: Inspector's Initials:	() Rounds	Weight: Inspector's Initials:
Pre-Bout B.A.C. Test: <input type="checkbox"/> Pass <input type="checkbox"/> Fail – Result: Inspector's Initials:	Weight	Pre-Bout BAC Test: <input type="checkbox"/> Pass <input type="checkbox"/> Fail – Result: Inspector's Initials:
Hand Wraps: Approved Symbol/Marking Used: Inspector's Initials:	Style	Hand Wraps: Approved Symbol/Marking Used: Inspector's Initials:
Gloves (Size, Condition & Tape): Inspector's Initials: Approved Symbol/Marking Used:	Amateur/Pro	Gloves (Size, Condition & Tape): Inspector's Initials: Approved Symbol/Marking Used:

BLUE CORNER	BOUT #7	RED CORNER
Contestant Name:	VS.	Contestant Name:
Weight: Inspector's Initials:	() Rounds	Weight: Inspector's Initials:
Pre-Bout B.A.C. Test: <input type="checkbox"/> Pass <input type="checkbox"/> Fail – Result: Inspector's Initials:	Weight	Pre-Bout BAC Test: <input type="checkbox"/> Pass <input type="checkbox"/> Fail – Result: Inspector's Initials:
Hand Wraps: Approved Symbol/Marking Used: Inspector's Initials:	Style	Hand Wraps: Approved Symbol/Marking Used: Inspector's Initials:
Gloves (Size, Condition & Tape): Inspector's Initials: Approved Symbol/Marking Used:	Amateur/Pro	Gloves (Size, Condition & Tape): Inspector's Initials: Approved Symbol/Marking Used:

BLUE CORNER	BOUT #8	RED CORNER
Contestant Name:	VS.	Contestant Name:
Weight: Inspector's Initials:	() Rounds	Weight: Inspector's Initials:
Pre-Bout B.A.C. Test: <input type="checkbox"/> Pass <input type="checkbox"/> Fail – Result: Inspector's Initials:	Weight	Pre-Bout BAC Test: <input type="checkbox"/> Pass <input type="checkbox"/> Fail – Result: Inspector's Initials:
Hand Wraps: Approved Symbol/Marking Used: Inspector's Initials:	Style	Hand Wraps: Approved Symbol/Marking Used: Inspector's Initials:
Gloves (Size, Condition & Tape): Inspector's Initials: Approved Symbol/Marking Used:	Amateur/Pro	Gloves (Size, Condition & Tape): Inspector's Initials: Approved Symbol/Marking Used:

BLUE CORNER		BOUT #9	RED CORNER	
Contestant Name:		VS.	Contestant Name:	
Weight: Inspector's Initials:		() Rounds	Weight: Inspector's Initials:	
Pre-Bout B.A.C. Test: <input type="checkbox"/> Pass <input type="checkbox"/> Fail – Result: Inspector's Initials:		Weight	Pre-Bout BAC Test: <input type="checkbox"/> Pass <input type="checkbox"/> Fail – Result: Inspector's Initials:	
Hand Wraps: Approved Symbol/Marking Used: Inspector's Initials:		Style	Hand Wraps: Approved Symbol/Marking Used: Inspector's Initials:	
Gloves (Size, Condition & Tape): Inspector's Initials: Approved Symbol/Marking Used:		Amateur/Pro	Gloves (Size, Condition & Tape): Inspector's Initials: Approved Symbol/Marking Used:	

BLUE CORNER		BOUT #10	RED CORNER	
Contestant Name:		VS.	Contestant Name:	
Weight: Inspector's Initials:		() Rounds	Weight: Inspector's Initials:	
Pre-Bout B.A.C. Test: <input type="checkbox"/> Pass <input type="checkbox"/> Fail – Result: Inspector's Initials:		Weight	Pre-Bout BAC Test: <input type="checkbox"/> Pass <input type="checkbox"/> Fail – Result: Inspector's Initials:	
Hand Wraps: Approved Symbol/Marking Used: Inspector's Initials:		Style	Hand Wraps: Approved Symbol/Marking Used: Inspector's Initials:	
Gloves (Size, Condition & Tape): Inspector's Initials: Approved Symbol/Marking Used:		Amateur/Pro	Gloves (Size, Condition & Tape): Inspector's Initials: Approved Symbol/Marking Used:	

BLUE CORNER		BOUT #11	RED CORNER	
Contestant Name:		VS.	Contestant Name:	
Weight: Inspector's Initials:		() Rounds	Weight: Inspector's Initials:	
Pre-Bout B.A.C. Test: <input type="checkbox"/> Pass <input type="checkbox"/> Fail – Result: Inspector's Initials:		Weight	Pre-Bout BAC Test: <input type="checkbox"/> Pass <input type="checkbox"/> Fail – Result: Inspector's Initials:	
Hand Wraps: Approved Symbol/Marking Used: Inspector's Initials:		Style	Hand Wraps: Approved Symbol/Marking Used: Inspector's Initials:	
Gloves (Size, Condition & Tape): Inspector's Initials: Approved Symbol/Marking Used:		Amateur/Pro	Gloves (Size, Condition & Tape): Inspector's Initials: Approved Symbol/Marking Used:	

BLUE CORNER		BOUT #12	RED CORNER	
Contestant Name:		VS.	Contestant Name:	
Weight: Inspector's Initials:		() Rounds	Weight: Inspector's Initials:	
Pre-Bout B.A.C. Test: <input type="checkbox"/> Pass <input type="checkbox"/> Fail – Result: Inspector's Initials:		Weight	Pre-Bout BAC Test: <input type="checkbox"/> Pass <input type="checkbox"/> Fail – Result: Inspector's Initials:	
Hand Wraps: Approved Symbol/Marking Used: Inspector's Initials:		Style	Hand Wraps: Approved Symbol/Marking Used: Inspector's Initials:	
Gloves (Size, Condition & Tape): Inspector's Initials: Approved Symbol/Marking Used:		Amateur/Pro	Gloves (Size, Condition & Tape): Inspector's Initials: Approved Symbol/Marking Used:	

BLUE CORNER	BOUT #13	RED CORNER
Contestant Name:	VS.	Contestant Name:
Weight: Inspector's Initials:	() Rounds	Weight: Inspector's Initials:
Pre-Bout B.A.C. Test: <input type="checkbox"/> Pass <input type="checkbox"/> Fail – Result: Inspector's Initials:	Weight	Pre-Bout BAC Test: <input type="checkbox"/> Pass <input type="checkbox"/> Fail – Result: Inspector's Initials:
Hand Wraps: Inspector's Initials: Approved Symbol/Marking Used:	Style	Hand Wraps: Inspector's Initials: Approved Symbol/Marking Used:
Gloves (Size, Condition & Tape): Inspector's Initials: Approved Symbol/Marking Used:	Amateur/Pro	Gloves (Size, Condition & Tape): Inspector's Initials: Approved Symbol/Marking Used:

BLUE CORNER	BOUT #14	RED CORNER
Contestant Name:	VS.	Contestant Name:
Weight: Inspector's Initials:	() Rounds	Weight: Inspector's Initials:
Pre-Bout B.A.C. Test: <input type="checkbox"/> Pass <input type="checkbox"/> Fail – Result: Inspector's Initials:	Weight	Pre-Bout BAC Test: <input type="checkbox"/> Pass <input type="checkbox"/> Fail – Result: Inspector's Initials:
Hand Wraps: Inspector's Initials: Approved Symbol/Marking Used:	Style	Hand Wraps: Inspector's Initials: Approved Symbol/Marking Used:
Gloves (Size, Condition & Tape): Inspector's Initials: Approved Symbol/Marking Used:	Amateur/Pro	Gloves (Size, Condition & Tape): Inspector's Initials: Approved Symbol/Marking Used:

BLUE CORNER	BOUT #15	RED CORNER
Contestant Name:	VS.	Contestant Name:
Weight: Inspector's Initials:	() Rounds	Weight: Inspector's Initials:
Pre-Bout B.A.C. Test: <input type="checkbox"/> Pass <input type="checkbox"/> Fail – Result: Inspector's Initials:	Weight	Pre-Bout BAC Test: <input type="checkbox"/> Pass <input type="checkbox"/> Fail – Result: Inspector's Initials:
Hand Wraps: Inspector's Initials: Approved Symbol/Marking Used:	Style	Hand Wraps: Inspector's Initials: Approved Symbol/Marking Used:
Gloves (Size, Condition & Tape): Inspector's Initials: Approved Symbol/Marking Used:	Amateur/Pro	Gloves (Size, Condition & Tape): Inspector's Initials: Approved Symbol/Marking Used:

BLUE CORNER	BOUT #16	RED CORNER
Contestant Name:	VS.	Contestant Name:
Weight: Inspector's Initials:	() Rounds	Weight: Inspector's Initials:
Pre-Bout B.A.C. Test: <input type="checkbox"/> Pass <input type="checkbox"/> Fail – Result: Inspector's Initials:	Weight	Pre-Bout BAC Test: <input type="checkbox"/> Pass <input type="checkbox"/> Fail – Result: Inspector's Initials:
Hand Wraps: Inspector's Initials: Approved Symbol/Marking Used:	Style	Hand Wraps: Inspector's Initials: Approved Symbol/Marking Used:
Gloves (Size, Condition & Tape): Inspector's Initials: Approved Symbol/Marking Used:	Amateur/Pro	Gloves (Size, Condition & Tape): Inspector's Initials: Approved Symbol/Marking Used:

BLUE CORNER

BOUT #17

RED CORNER

Contestant Name:	VS.	Contestant Name:
Weight: Inspector's Initials:	() Rounds	Weight: Inspector's Initials:
Pre-Bout B.A.C. Test: <input type="checkbox"/> Pass <input type="checkbox"/> Fail – Result: Inspector's Initials:	Weight	Pre-Bout BAC Test: <input type="checkbox"/> Pass <input type="checkbox"/> Fail – Result: Inspector's Initials:
Hand Wraps: Inspector's Initials: Approved Symbol/Marking Used:	Style	Hand Wraps: Inspector's Initials: Approved Symbol/Marking Used:
Gloves (Size, Condition & Tape): Inspector's Initials: Approved Symbol/Marking Used:	Amateur/Pro	Gloves (Size, Condition & Tape): Inspector's Initials: Approved Symbol/Marking Used:

COMMENTS/NOTES/EVENT IRREGULARITIES & INFRACTIONS

By my signature below, I certify I personally performed the inspections for which I have initialed and the information herein is true and accurate.

Inspector's Signature: _____ Printed Name: _____ Initials: _____ Date: _____
 Inspector's Signature: _____ Printed Name: _____ Initials: _____ Date: _____
 Inspector's Signature: _____ Printed Name: _____ Initials: _____ Date: _____