Commonwealth of Virginia
Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400
Richmond, Virginia 23233-1485
(804) 367-0186
www.dpor.virginia.gov



Boxing, Martial Arts, and Professional Wrestling Program WRESTLER/LIMITED WRESTLER LICENSE APPLICATION Fee \$40.00

A check or money order payable to the <u>TREASURER OF VIRGINIA</u>, or a completed <u>credit card insert</u> must be mailed with your application package. APPLICATION FEES ARE NOT REFUNDABLE.

Select the one method you are requesting for licensure:

Χ	License Type: Wrestler	Trans	Fee
	4101 - Initial/First Virginia Wrestler License	1020	\$40.00
	4101 - Renewal <u>prior</u> to Wrestler License Expiration	2020	\$40.00
	4101 - Re-Issue of Expired Wrestler License	1020	\$40.00
	License Type: Limited Wrestler		
	4121 - Virginia Limited (Temporary) Wrestler License	1020	\$30.00

	Professional a	rer held a Pro and Occupation If yes, provide	nal Regulation	1?				· Lice	nse is	ssue	d by	the	Virgin	ia De	partment of
		Virginia Licens	se Number	4 1		\top		T		Exp	oiratio	on Da	ate		
2.	Full Legal Nan	me (As it appea	ars on your go	vernme	ent issuer	d ID or o	ther I	legal d	ocume	- :ntatic	on.)				
	Last (required)		First	(require	ed)				Middle						Generation
3.	Provide at lea	st <u>one</u> of the fo	ollowing identi	ificatio	n numb	ers*:									
		Security Number	=		İ			- [] - [
	☐ <u>Virginia</u>	DMV Control Nu	umber		l										
	* State law red	ame identification nui equires every applica monwealth to provid	nt for a license, ce	ertificate,	registration	n or other	author	ization t	o engage	e in a b	ousines	ss, trad	le, profess		occupation issued
4.	Date of Birth	MM/DD/Y		Must be	e at least	: 18 yea	rs of a	age.)							
5.	Other/Alternati	ive Name(s)													
6.	Mailing Addre	ss (PO Box ac	cepted)												
-	The ma														
	be printed on the license.			City									State	- —	Zip Code
7.		s (PO Box <u>not</u> al address rec	' '		Check he	ere if Stree	et Addr	ess is th	ie <u>same</u>	as the	Mailin	g Addre	ess listed	above.	
				City									State		Zip Code
	-		i												
OFFICE USE ONLY	DATE	FEE	TRANS CODE		ENTITY #		41		FIL	E #/LICE	ENSE #				ISSUE DATE

8.	Contact Numbers									
9.	Email Address	Prima	ry Telephone	Alternate Telephone	9	Fax				
7.	Email Addi C33	Email address is considered a public record and will be disclosed upon request from a third party.								
10.	Limited (Temporary) V	mited (Temporary) Wrestler License applicants only.								
)	A limited license shall be valid only for the duration of one specifically identified event or two specifically identified events held on consecutive days at the same location. Provide the following information for the event: Date of Event									
	Location of the Ev	ent								
11.	Do you have any <u>current</u> or <u>previously held</u> boxing, martial arts or wrestling license, certification or registration issued by the Commonwealth of Virginia or any other jurisdiction? No Yes If yes, complete the following table.									
	Type (Check one)		State/ Jurisdiction		Certification or Ition Number	Expiration Date				
□ Во	oxing Martial Arts	Wrestling								
□ Во	oxing Martial Arts	Wrestling								
□ Во	oxing Martial Arts	Wrestling								
12.13.	No Yes If yes, attach any documentation (medical reports, etc.) explaining this situation.									
	Yes If yes, a	attach any do	cumentation (medical	reports, etc.) explaining	g this situation.					
14.	 Has <u>any</u> (including Virginia) local, state or national regulatory body in any jurisdiction ever taken disciplinary action against you in connection with your participation in or promotion of professional athletic contests or activities including, but not limited to, monetary penalty, fine, suspension, revocation, or surrender of a license? No									
15.	A. Have you ever been found guilty by the department or a court of competent jurisdiction of any material misrepresentation while engaged in boxing, martial arts, wrestling, or other athletic activities? No Yes If yes, complete the Criminal Conviction Reporting Form.									
	United States of No □	any <u>felony?</u>	0 0	endere shall be consid	•	n any jurisdiction of the <i>n</i> .				

	Have you ever been convicted or found guilty, regardless of the manner of adjudicatio United States of any misdemeanor? Any plea of noto contendere shall be considered No	3 3
By sig	ning this application, I certify the following statements:	
•	I am aware that submitting false information or omitting pertinent or material information application will delay processing and may lead to license revocation or denial of license	
•	I will notify the Board of any changes to the information provided in this applica requested license, certification, or registration including, but not limited to any disciplina felony or misdemeanor (in any jurisdiction).	
•	I authorize the Department to verify information concerning me or any statement in person, or any source the department may contact. I also agree to present any required or requested by the Department.	
•	I authorize any federal, state or local government agency, current or former emplo business to release information which may be required for a background investigation	
•	I have read, understand and complied with all the laws of Virginia related to this profe of Title 54.1, Chapter 8.1 of the <i>Code of Virginia</i> and the <i>Virginia Professional Box</i> <i>Arts Regulations</i> .	•
•	I certify that I have the experience, training and knowledge to perform as a wrestle Virginia. All the information provided on this application is accurate and true.	r in the Commonwealth o
•	I understand as a professional wrestler I should be aware that the activities of professional health and safety risks. I will take the necessary medical exams to assure I a compete. I certify I have received the necessary training and/or have the necess participate in the activity of professional wrestling. I further certify that I am in good abnormalities or deficiencies that would prevent my participation in a wrestling even when engaging in a wrestling exhibition, and understand the health and safety risks in wrestling event.	m physically able to safely sary experience to safely d physical health, have no ent or endanger my health
	Signature	Date

17.