



Boxing, Martial Arts, and Professional Wrestling Program
MARTIAL ARTS LICENSE APPLICATION
Fee \$40.00

A check or money order payable to the **TREASURER OF VIRGINIA**,
 or a completed [credit card insert](#) must be mailed with your application package.
APPLICATION FEES ARE NOT REFUNDABLE.

Select the one method you are requesting for licensure:

X	License Type:	Trans
<input type="checkbox"/>	Initial/First Virginia Martial Arts License	1020
<input type="checkbox"/>	Renewal prior to Martial Arts License Expiration	2020
<input type="checkbox"/>	Re-Issue of Expired Martial Arts License	4020

1. Have you ever held a Professional **Martial Arts** License issued by the Virginia Department of Professional and Occupational Regulation?

No

Yes If yes, provide your Virginia License number below:

Virginia License Number

4	1	2	3						
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 Exp. Date _____

2. Do you currently hold a Mixed Martial Arts National Identification card (as required by 15 USC §6305)?

No

Yes If yes, provide your Mixed Martial Arts National ID number below:

MMA National Identification No.:

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 Exp. Date: _____

3. Full Legal Name (As it appears on your government issued ID or other legal documentation.)

_____ Last (required) _____ First (required) _____ Middle _____ Generation

4. Provide at least one of the following identification numbers*:

Social Security Number and/or

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Virginia DMV Control Number

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- Provide the same identification number as used on examination, previous applications or licenses on file with the department.
- If the professional martial artist is a **resident of a foreign country**, the professional martial artist shall present to the Virginia Martial Arts commissioner representative his/her foreign passport or mail a **copy** of his/her foreign passport with this application.

* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the **Virginia** Department of Motor Vehicles.

5. Date of Birth _____ (Must be at least 18 years of age.)

MM/DD/YYYY

6. Maiden or Former Name(s) _____

OFFICE USE ONLY	Passport ID No.			Country			Expiration Date		
OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #			ISSUE DATE	
					4123				

7. Mailing Address (PO Box accepted)

The mailing address will be printed on the license.

City State Zip Code

8. Street Address (PO Box not accepted)

PHYSICAL ADDRESS REQUIRED

Check here if Street Address is the same as the Mailing Address listed above.

City State Zip Code

9. Contact Numbers

Primary Telephone

Alternate Telephone

Fax

10. Email Address

Email address is considered a public record and will be disclosed upon request from a third party.

11. Do you have a **current** or **expired** 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.

Business/Individual's Name	State	License, Certification or Registration Number	Expiration Date

12. Have you ever been found guilty of **any material misrepresentation** while engaged in boxing, martial arts, wrestling, or other athletic activities, or any conviction, guilty plea or finding of guilty, regardless of adjudication or deferred adjudication, of any felony or misdemeanor?

No

Yes If yes, please attach a record of conviction, authenticated in such form as to be admissible as evidence under the laws of the jurisdiction where convicted.

13. Has any (including Virginia) local, state or national regulatory body in any jurisdiction ever taken a **disciplinary action** against you, your business or any member of your responsible management in connection with 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 in connection with a disciplinary action

No

Yes If yes, complete the [Disciplinary Action Reporting Form](#).

14. A. Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **felony**? *Any plea of nolo contendere shall be considered a conviction.*

No

Yes If yes, complete the [Criminal Conviction Reporting Form](#).

B. Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **misdemeanor**? *Any plea of nolo contendere shall be considered a conviction.*

No

Yes If yes, complete the [Criminal Conviction Reporting Form](#).

15. By signing this application, I certify the following statements:

- I am aware that submitting false information or omitting pertinent or material information in connection with this 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 application prior to receiving the requested license, certification, or registration including, but not limited to any disciplinary action or conviction of a felony or misdemeanor (in any jurisdiction).
- I authorize the Department to verify information concerning me or any statement in this application from any person, or any source the department may contact. I also agree to present any credentials or documents required or requested by the Department.
- I authorize any federal, state or local government agency, current or former employer, or other individual or 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 profession under the provisions of Title 54.1, Chapter 8.1, of the *Code of Virginia* and the *Virginia Professional Boxing and Wrestling Events Regulations*.
- I understand as a professional martial artist I should be aware that this sport includes many health and safety risks, in particular the risk of brain injury. As such, I will take the necessary medical exams that detect brain injury. If I need further information about these exams, I will ask my doctor or staff of the Department.

Signature _____ Date _____

Required Documentation

All martial arts applicants must provide the following documentation dated within 180 days prior to participating in an event:

- A. A certification from a licensed physician within the past six months certifying that the applicant is in good physical health and that the physician has not observed any abnormalities or deficiencies that would prevent the applicant from participation in a martial arts event or endanger the applicant, the public, officials or other licensees participating in the event. The department may require additional medical tests to determine the fitness of a martial artist upon receipt of reliable information of a preexisting condition that may present a danger to the martial artist.
- B. A complete professional record or, if amateur just turning professional, an amateur record from ABC Mixed Martial Arts, or a letter from the applicant's trainer certifying the applicant's martial arts experience, skill level, physical condition and current training program.
- C. A satisfactory record of professional martial arts or, in the case of applicants who have participated in fewer than five professional martial arts bouts, evidence of competency in the elements of offense and defense. Such evidence may take the form of signed statements from individuals who have provided training to the applicant or records of the applicant's conduct in amateur as well as professional martial arts competition and shall be sufficient to satisfy the department that the applicant has the ability to compete.
- D. A martial artist must provide the department a negative test for the following*:
 1. antibodies to the human immunodeficiency virus;
 2. Hepatitis B surface antigen (HBsAg); and
 3. antibodies to virus hepatitis C.

* Such tests shall be conducted within the 180 days preceding the event. A martial artist or contestant who fails to provide the department with the required negative test results shall not be permitted to compete in the event or contest.