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



				В	oxing	l, Ma	rtial /			LAF	RTS L	LICENSE A 0.00 + \$35	ling Program PPLICATION .00* = \$75.00 processing fee)
			ck or money or ted <u>credit card</u> APPLICAT Select the <u>one</u>	<u>insert</u> mus ION FEES	t be m ARE N	ailed IOT R	with y EFUN	our a DABL	oplic E.	ation		ige.	
		[	X License Typ			- 1	<u>g</u>				rans		
	Initial/First Virginia Martial Arts License										030		
			Renewal pr	3				iration			020		
		-	Re-Issue of								030		
	Have you ever held a Professional Martial Arts License issued by the Virginia Department of Professional and Occupational Regulation? NoYes If yes, provide your Virginia License number below:												
		Virginia Licens	, , , , , , , , , , , , , , , , , , ,	4 1 2	3						F	xp. Date	
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2.	No Curren Yes C	lf yes, provide	d Martial Arts N your Mixed Ma	artial Arts						d by 1	I		
		MMA National	Identification I	No.:							E	xp. Date:	
3.	Full Legal Nan	ne (As it appea	ars on your gove	rnment issu	ued ID	or oth	er lega	al docu	men	tation.)	)		
	Last (required)		First (	required)				Mie	dle				Generation
4.	Provide at leas	st <u>one</u> of the fo	llowing identified	cation num	bers*	:							
	Social S	ecurity Number	r and/or				-			-			
	<u>Virginia</u>	DMV Control Nu	umber										
	<ul> <li>Provide the same identification number as used on examination, previous applications or licenses on file with the department.</li> <li>If the professional martial artist is a <u>resident of a foreign country</u>, the professional martial artist shall present to the Virginia Martial Arts commissioner representative his/her foreign passport or mail a <u>copy</u> of his/her foreign passport with this application.</li> <li>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 <u>Virginia</u> Department of Motor Vehicles.</li> </ul>												
5.	Date of Birth (Must be at least 18 years of age.)												
6.	6. Maiden or Former Name(s)												
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OFFICE USE ONLY		Passport ID No.					Country					Expir	ation Date
OFFICE													

**ONSITE APPLICATION** A511-4123LIC-v5 08/01/2016

).	Email Address		idered a public record and will be disclosed up		
		nary Telephone	Alternate Telephone	[	Fax
9.	Contact Numbers				
		City		State	Zip Code
3.	Street Address (PO Box <u>not</u> accepted) PHYSICAL ADDRESS REQUIRED		Check here if Street Address is the same as the Mailing Address listed above.		
	The mailing address will be printed on the license.	City		State	Zip Code
7.	Mailing Address (PO Box accepte	d)			

11. Do you have a <u>current</u> or <u>expired</u> boxing, martial arts or wrestling license, certification or registration issued by the Commonwealth of Virginia or any other jurisdiction?

No	

Yes  $\Box$  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 <u>any</u> (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 <u>Disciplinary Action Reporting Form</u>.
- 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 <u>felony</u>? *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 <u>Criminal Conviction Reporting Form.</u>

- 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, Wrestling and Martial Arts 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.