

**Professional Boxing, Wrestling and Martial Arts
 BOXING 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 Boxing License	1020
<input type="checkbox"/>	Renewal <u>prior</u> to Boxing License Expiration	2020
<input type="checkbox"/>	Re-Issue of Expired Boxing License	4020

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

No

Yes If yes, provide your Virginia License number below:

Virginia License Number Expiration Date _____

2. Do you currently hold a Federal Boxing Identification No. (as required by 15 USC §6305)?

No

Yes If yes, provide your federal ID number below:

Federal Boxing Identification No.: Expiration Date _____

3. Name _____
Last First Middle Generation

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

Social Security Number and/or - -

Virginia DMV Control Number - -

- You must use the same identification number as used on examination/previous applications on file with the department.
- If the professional boxer is a **resident of a foreign country**, the professional boxer shall present to the boxing commissioner representative a **copy** of his/her foreign passport.
- * 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. Mailing Address (PO Box accepted) _____
 The mailing address will be printed on the license.

City State Zip Code

7. Street Address (PO Box not accepted) Check here if Street Address is the same as the Mailing Address listed above.
PHYSICAL ADDRESS REQUIRED

City State Zip Code

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
					4102	

8. E-mail Address _____
9. Contact Numbers _____
- Primary Telephone Alternate Telephone Fax

10. Do you have a **current** or **expired** boxing 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

11. Have you ever been found guilty of any material misrepresentation while engaged in boxing, 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.

12. 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, provide a certified copy of the final order, decree or case decision by a court or regulatory agency with lawful authority to issue such order, decree or case decision.

13. Have you ever been convicted in any jurisdiction of a **misdemeanor and/or felony**? Any guilty plea or plea of nolo contendere must be disclosed on this application. Do not disclose violations that were adjudicated as a minor in the juvenile court system.

- No
- Yes If yes, list the misdemeanor and/or felony conviction(s). Attach your original criminal history record; a certified copy of the final order, decree, or case decision by a court or regulatory agency with lawful authority to issue such order, decree, or case decision; and any other information you wish to have considered with this application (e.g., information on the status of incarceration, parole or probation; reference letters; documentation of rehabilitation etc.).

Original criminal history records may be obtained by contacting the state police in the jurisdiction in which you were convicted. Virginia residents must obtain a complete criminal history record. You may obtain a request form from the Department of State Police, Central Criminal Records Exchange, Post Office Box 27472, Midlothian, Virginia 23261-7472 or by contacting your local State Police Division. Certified copies of court records may be obtained by writing to the Clerk of the Court in the jurisdiction in which you were convicted. The address is available from your local police department.

14. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the decision to approve this application. I certify that I will notify the Department if I am subject to any disciplinary action or convicted of any felony or misdemeanor (in any jurisdiction) prior to receiving the requested license. I certify that I have read, understood and complied with all the laws of Virginia 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 boxer 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 boxing 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 boxing 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 boxer upon receipt of reliable information of a preexisting condition that may present a danger to the boxer.
- B. A complete professional record or, if amateur just turning professional, an amateur record, an amateur passbook recognized by USA Boxing, or a letter from the applicant's trainer certifying the applicant's boxing experience, skill level, physical condition and current training program.
- C. A satisfactory record of professional boxing or, in the case of applicants who have participated in fewer than five professional boxing 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 boxing competition and shall be sufficient to satisfy the department that the applicant has the ability to compete.
- D. A boxer 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 boxer 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.

OFFICE USE ONLY	Passport ID No.	Country	Expiration Date
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