

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

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

- No If no, attach a statement certifying your experience and training.
 Yes If yes, provide your Virginia License number below:

Virginia License Number

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 Expiration Date _____

2. Name _____
Last First Middle Generation

3. 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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- You must use the same identification number as used on examination/previous applications on file with the department.
 * 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.

4. Date of Birth _____ (Must be at least 18 years of age.)
MM/DD/YYYY

5. Mailing Address (PO Box accepted) _____
 The mailing address will be printed on the license.
City State Zip Code

6. 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

7. E-mail Address _____

8. Contact Numbers _____
Primary Telephone Alternate Telephone Fax

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
					4101	

9. 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

10. Have you ever suffered from a serious head injury or other serious physical injury?

No

Yes If yes, attach any documentation (medical reports, etc.) explaining this situation.

11. Have you ever had a wrestling license denied or suspended for reason of medical safety when it was determined by competent medical examination that participation in a wrestling event would pose a risk to your health?

No

Yes If yes, attach any documentation (medical reports, etc.) explaining this situation.

12. 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.

13. Has any (including Virginia) local, state or national regulatory body in any jurisdiction ever taken a disciplinary action against you 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.

14. 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 from the Virginia State Police. 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.

15. 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 wrestler I should be aware that the activities of professional wrestling includes many health and safety risks. I will take the necessary medical exams to assure I am physically able to safely compete. I certify I have received the necessary training and/or have the necessary experience to safely participate in the activity of professional wrestling. I further certify that I am in good physical health, have no abnormalities or deficiencies that would prevent my participation in a wrestling event or endanger my health when engaging in a wrestling exhibition, and understand the health and safety risks involved in participation in a wrestling event and in the event that I have not been previously licensed in the Commonwealth, I have attached a statement certifying my experience and training.

Signature _____ Date _____