



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

1. Have you ever held a **Trainer, Second or Cut Man** License issued by the Virginia Department of Professional and Occupational Regulation?

No

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 #	4105	FILE #/LICENSE #	ISSUE DATE
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9. Do you, your business or any member of your Responsible Management 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 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.

11. 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.

12. 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.*

13. 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*.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Requirements for Trainer, Second or Cut Man

Evidence of a knowledge of:

- 1. This chapter; Title 54.1, Chapter 8.1 of the *Code of Virginia* and the *Virginia Professional Boxing, Wrestling and Martial Arts Regulations*
  - 2. The treatment of injuries;
  - 3. Physical conditioning, health care, nutrition, training, first aid, and the effects of alcohol as it relates to boxing; and
  - 4. The bandaging of a boxer's hand.
- ❖ The required evidence may take the form of 1) the applicant's official record from a state regulatory agency, 2) signed statements from current or former client or clients, or 3) other documentary evidence that establishes that the applicant is competent.

**Certifying Statement:**

I \_\_\_\_\_ certify that the applicant \_\_\_\_\_ ;  
Current or Former Client Name Applicant's Name  
 as my Trainer, Cut Man, or Second has knowledge of treatment of injuries, physical conditioning, health care, nutrition, training, first aid and the effect of alcohol as it relates to Boxing/Martial Arts, and the bandaging of a boxer's hand. I also certify I have not suppressed any information that might affect the Departments decision to issue a license to the applicant to become a Trainer, Cut Man or Second to the above applicant.

Signature of Fighter: \_\_\_\_\_ Date \_\_\_\_\_