



**Boxing, Martial Arts, and Professional Wrestling Program
 BOXER/LIMITED BOXER LICENSE APPLICATION**

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: Boxer	Trans	Fee
<input type="checkbox"/>	4102 - Initial/First Virginia Boxer License	1020	\$40.00
<input type="checkbox"/>	4102 - Renewal <u>prior</u> to Boxer License Expiration	2020	\$40.00
<input type="checkbox"/>	4102 - Re-Issue of Expired Boxer License	1020	\$40.00
	License Type: Limited Boxer		
<input type="checkbox"/>	4122 - Virginia Limited (Temporary) Boxer License	1020	\$30.00

1. Have you ever held a **Professional Boxer/Limited Boxer** 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								
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 Expiration Date _____

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

 Last (required) First (required) 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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- Provide the same identification number as used on examination, previous applications or licenses on file with the department.
- If the professional boxer is a **resident of a foreign country**, the professional boxer shall present to the Virginia boxing 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.

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

5. Other/Alternative Name(s): _____

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	Passport ID No.	Country				Expiration Date
OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
				41		

8. Contact Numbers _____
Primary Telephone
Alternate Telephone
Fax

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

10. Limited (Temporary) Boxing License applicants only.

➤ A limited license shall be valid only for the duration of one specifically identified event or two specifically identified events held on consecutive days at the same location.

Provide the following information for the event:

Date of Event _____

Location of the Event _____

11. Do you have a **current** or **previously held** 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.

Type (Check <u>one</u>)	State/ Jurisdiction	License, Certification or Registration Number	Expiration Date
<input type="checkbox"/> Boxing <input type="checkbox"/> Martial Arts <input type="checkbox"/> Wrestling			
<input type="checkbox"/> Boxing <input type="checkbox"/> Martial Arts <input type="checkbox"/> Wrestling			
<input type="checkbox"/> Boxing <input type="checkbox"/> Martial Arts <input type="checkbox"/> Wrestling			

12. What type of record do you hold as a Boxer? Professional Record Amateur Record *or* Both

Required Attachments: Attach your Professional record or Amateur record* along with this application.

* Amateur record can be a amateur record, a 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.

➤ Records should show **evidence** of competency in the elements of offense and defense and will be used by the department to satisfy the requirement that the applicant has the ability to compete.

13. Has any (including Virginia) local, state or national regulatory body in any jurisdiction ever taken **disciplinary action** against you in connection with your 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?

No

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

14. A. Have you ever been found **guilty** by the department or a court of competent jurisdiction **of any material misrepresentation** while engaged in boxing, martial arts, wrestling, or other athletic activities?

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 **felony**? *Any plea of nolo contendere shall be considered a conviction.*

No

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

C. 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, 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 boxer applicants** must provide a certification from a licensed physician dated 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.