



**Boxing, Martial Arts, and Professional Wrestling Program  
 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	1020

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. 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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➤ Enter the same identification number as used on examination, previous applications or licenses 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. 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 \_\_\_\_\_

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.

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	4105	FILE #/LICENSE #	ISSUE DATE
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10. Do you have a **current** or **previously held** boxing, martial artist 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			

11. 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](#).

12. 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](#).

13. Do you have knowledge of treatment of injuries; physical conditioning, health care, nutrition, training, first aid, and the effects of alcohol as it relates to boxing or martial arts; and bandaging of a boxer's or martial artist's hand?

No

Yes  If yes, provide evidence by submitting at least one of the following:

A.) the applicant's official record from a state regulatory agency,

B.) signed statements from current or former client or clients (see example below), or

C.) 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 and/or a Martial Artist'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 \_\_\_\_\_

14. 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*.

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