Commonwealth of Virginia Department of Professional and Occupational Regulation 9960 Mayland Drive, Suite 400 Richmond, Virginia 23233-1485 (804) 367-0186

License Type: Martial Artist

4123 - Initial/First Virginia Martial Artist License

4123 - Renewal prior to Martial Artist License Expiration



www.dpor.virginia.gov

## Boxing, Martial Arts, and Professional Wrestling Program MARTIAL ARTIST/LIMITED MARTIAL ARTIST LICENSE APPLICATION

Trans

1020

2020

Fee

\$40.00

\$40.00

A check or money order payable to the TREASURER OF VIRGINIA, or a completed <u>credit card insert</u> must be mailed with your application package. APPLICATION FEES ARE NOT REFUNDABLE.

Select the <u>one</u> method you are requesting for licensure:

		4123	- Re-Issue of E	xpired Mart	al Artist	Licens	е		4020	) \$4	40.00			
		Licens	se Type: Limite	ed Martial Ar	tist									
		<u> </u>	- Virginia Limite	ed (Tempora	ary) Mart	ial Arti	st Lice	ense	1020	) \$3	30.00			
1.	Professional a No  Yes	r held a <b>Profes</b> and Occupation If yes, provide Virginia Licens	nal Regulation	?			Arti	st Li	cense	issue	7	he Virg		Department of
2.	Full Legal Nan	ne (As it appea	ars on your gov	ernment iss	ued ID o	r other	· legal	l docı	umenta	tion.)				
	Last (required)		First	(required)				_ M	liddle					Generation
3.	Provide at least	st <u>one</u> of the fo	ollowing identif	fication nur	nbers*	:								
	Social S	Security Numbe	<b>r</b> and/or				<b>]</b> -							
	<u>Virginia</u>	DMV Control Nu	umber					T		丁				
4.	representati  * State law re	ssional martial artist ive his/her foreign pa quires every applica monwealth to provid	assport or mail a <u>co</u> ant for a license, cer le a social security r (N	opy of his/her for rtificate, registra	oreign pass ation or oth introl numb	sport wit ner autho oer issue	h this a orizatio d by th	applica on to er ne <i>Virg</i>	ntion. ngage in	a busir	ness, trad	de, profes:	ssion or	
_	/AII	MM/DD/Y	ΥΥΥ											
5.	Other/Alternat	• •												
<ul><li>6.</li><li>7.</li></ul>	The mailing printed  Street Address	ss (PO Box acc ng address will be I on the license. s (PO Box <u>not</u>	accepted)	City Chec	k here if S	treet Ad	dress is	s the <u>s</u>	ame as th	he Mai	ling Addı	State ress listed	I above	Zip Code e.
	PHYSICA	AL ADDRESS REG	JUIKED											
				City								State	- —	Zip Code
OFFICE USE ONLY	Passport ID No.				Country					E			Expirati	tion Date
OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTIT	Y #	41	23		FILE #/L	ICENSE	#			ISSUE DATE

8.	Contact Numbe			Alternate Telephone						
9.	Email Address		ry Telephone	Fax						
		Emai	Email address is considered a public record and will be disclosed upon request from a third party.							
10.	Limited (Temporary) Martial Artist License applicants only.									
)		d license shall be valid only for the duration of one specifically identified event or two specifically identified areld on consecutive days at the same location.								
	Provide the for Date of Eve	llowing information nt	for the event:							
	Location of	the Event								
11.	by the Commor	•	r any other jurisdiction	tial arts or wrestling license, cer 1?	tification or registration issued					
	Type (Ched	ck <u>one</u> )	State/ Jurisdiction	License, Certification Registration Numb	Expiration trafe					
□ Во	oxing Martial A	Arts Wrestling								
□ Bo	oxing   Martial   Martial	Arts   Wrestling								
□ Bo	oxing   Martial A	Arts   Wrestling								
12. ▶ <i>R</i> €	Required Attach  * Amateur record certifying the appropriate t	can be an amateur r oplicant's martial arts v evidence of compe	Professional record or A ecord, a amateur passb experience, skill level, p	☐ Professional Record ☐ Ar Amateur record* along with this appli- book recognized by USA Boxing, or a shysical condition and current training of offense and defense and will be u	a letter from the applicant's trainer g program.					
13.	against you in country but not limited to No	connection with you o, monetary penalty	r participation in or pr	ulatory body in any jurisdiction e omotion of professional athletic ovocation, or surrender of a licens eporting Form.	contests or activities including,					
14.	•	sentation while end		ent or by the court of competer al arts, wrestling, or other athletic ion Reporting Form.	-					
	•	ites of any <u>felony</u> ? ]	0 0	ardless of the manner of adjudic tendere shall be considered a co						
		ites of any <u>misdem</u>		ardless of the manner of adjudic nolo contendere shall be consided ion 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 martial artist 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 Martial Artist 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.