Reset Form Print Form

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

Department of Professional and Occupational Regulation

Boxing, Martial Arts, and Professional Wrestling Program
WRESTLER 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: Wrestler	Trans	Fee
☐	4101 - Initial/First Virginia Wrestler License	1020	$47.25*
☐	4101 - Renewal prior to Wrestler License Expiration	2020	$47.25*
☐	4101 - Re-Issue of Expired Wrestler License	1020	$47.25*

1. Have you ever held a Professional **Wrestler** License issued by the Virginia Department of Professional and Occupational Regulation?
   No ☐
   Yes ☐ If yes, provide your Virginia License number below:
   Virginia License Number ☐☐☐☐☐☐☐☐☐☐ 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* ☐☐☐ - ☐☐ - ☐☐☐☐
   ☐ ***Virginia*** DMV Control Number ☐☐☐☐☐☐☐☐☐
   ➢ 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. Provide Mailing Address (P.O. Box accepted). The mailing address will be printed on the license.
   Address _____
   APT/Unit # _____
   City _____ State (abbr.) _____ Zip Code _____

7. Street Address (P.O. Box **not** accepted). **Physical Address Required.**
   ☐ Check here if Street Address is the **same** as the Mailing Address listed above.
   Address _____ APT/Unit # _____
   City _____ State (abbr.) _____ Zip Code _____

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
					41	

**Pursuant to 2026's House Bill 30, DPOR is to charge a Technology Fee equal to $7.25 per year.*

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. Do you have any **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 one)	State/ Jurisdiction	License, Certification or Registration Number	Expiration Date
☐ Boxing ☐ Martial Arts ☐ Wrestling			
☐ Boxing ☐ Martial Arts ☐ Wrestling			
☐ Boxing ☐ Martial Arts ☐ Wrestling			

11. 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.

12. Have you ever had a wrestler 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.

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 non-marijuana **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 certify that I have the experience, training and knowledge to perform as a wrestler in the Commonwealth of Virginia. All the information provided on this application is accurate and true.
- 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.

Signature _____ Date _____