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
Box



Boxing, Martial Arts, and Professional Wrestling Program
BOXER FEDERAL IDENTIFICATION CARD
Fee \$40.00

A check or money order payable to the <u>TREASURER OF VIRGINIA</u>, or a completed <u>credit card insert</u> must be mailed with your application package.

APPLICATION FEES ARE NOT REFUNDABLE.

Select the **one** method you are requesting:

Х	Identification Card Type:	Trans
	Initial/First Virginia Boxer Federal ID Card	1020
	Renewal prior to Expiration	2020
	Re-Issue of Expired Boxer Federal ID Card	1020

- ➤ No professional boxer is permitted to participate in a boxing event without first presenting a valid Boxer Federal Identification Card.
- > Boxers must apply for a Boxer Federal Identification Card in the state in which he/she is resident or, in the case of a boxer who is a resident of a foreign country, the Commission of any state that has such a commission.

who	o is a residen	t of a foreign co	untry, the Com	mission of any stat	e that has su	ch a commission.			
 Please include the following: If not a foreign resident, clear photocopy of two (2) of the following government issued IDs, one of whit contain a photograph: 								of which must	
	\circ	State driver's lice	ense 🔾 So	cial Security card	State	identification card	l 🔾 Bir	th Certificate	
	☐ If a fo	reign resident, o	clear photocopy	y of foreign passpo	rt				
	☐ Two (Two (2) passport photos							
	□ Сору	Copy of previous Boxer Federal Identification Card (<i>For renewal only)</i>							
	Association of Boxing Commissions' Federal Identification Card Application (page 2 of this application)								
	□ \$40 p	☐ \$40 processing fee							
" <u>Health</u>	and Safety I	<u>Disclosure</u> "							
		•		ederal law), each on the control of	ommission r	nust present to e	very profess	sional boxer, a	
injury. brain ir	Therefore, it njury. If you r	is strongly rec need further info	ommended that rmation about	this sport includes at a professional b these exams, pleas your local boxing	oxer undergose contact the	the necessary r	medical exa	ms that detect	
		tand the above	-	jour room boxing	301111113313111				
	Print Name								
	Signature of	Boxer					Date		
OFFICE USE ONLY		Passport ID No.		Country			Expiration Date		
OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY#	4111	FILE #/LICENSE #		ISSUE DATE	



ASSOCIATION OF BOXING COMMISSIONS (ABC)

Boxer's Federal Identification Card Application

FEDERAL ID#				EXPIRATION DATE			
FULL NAME							
	First		Middle	Last			
DATE OF BIRTH	1		SOCIAL	SECURITY -	-		
	MONT	H / DAY / YEAR					
PLACE OF BIRT	ГН						
	Country		Cit	У	State		
ADDRESS							
	Street		Cit	У	Country		
State	Zip Code	Phone Number		nail			
HEIGHT:		WEIGHT:		STANCE (check only 1):	RIGHT LEFT		
HAIR COLOR:				EYE COLOR:			
DISTINGUISHIN	C CHARA	CTEDISTICS: (Tattone en				
	JUNIA			,,			
MANAGER:							
Ī	Name			Email or Phone Number			
PROMOTER:							
ī	Name			Email or Phone Number			
TRAINER:							
Ī	Name			Email or Phone Number			
AMATEUR EXP	ERIENCE:	Yes N	o 🗌	RECORD			
		TERM	IS AND CO	ONDITIONS			
1 Royers must ann	lly for Boxer Fe	ederal ID card in the sta	ate in which he	/she is a resident			
	•			hful completed application for ABC Boxe	r Federal I D Card. two		
passport photo							
Boxer understan	ds that he/she	will not be allowed to fi	ght without a E	Boxer Federal ID Card.			
4. Any false or misl	eading stateme	ents on this application	may result in t	he Boxer being placed on the National S	uspension list.		
	•	mend these terms and					
		C with the cooperation and conditions for these		g Commission that issued the Federal ID	Card will settle any		
Boxer agrees to the identification	•	terms and conditions a	and any other i	rules set forth by the ABC and the Boxing	Commission that issued		
signing this applicat application the ABC	ion I agree to at any time th	be bound by the rules	and regulation and suspension	n are true and the photograph attached is ons of the ABC. If I make a false or mon for one year. I acknowledge that I han Card.	isleading statement in this		
Applicant's Signature		n	vate Co	mmission Signature	Date		



ASSOCIATION OF BOXING COMMISSIONS "HEALTH AND SAFETY DISCLOSURE"

As per the Muhammad Ali Boxing Reform Act (federal law), each commission must present to every professional boxer, a medical disclosure upon issuance of a Federal Identification Card.

As a professional boxer you should be aware that this sport includes many health and safety risks, particularly the risk of brain injury. Therefore, is it strongly recommended that a professional boxer undergo the necessary medical exams that detect brain injury. If you need further information about these exams, please contact the Missouri Office of Athletics or your local boxing commission.

I affirm that I understand the above statement.		
Signature of Boxer	Date	

Association of Boxing Commissions

Uniformity - Professionalism - Consistency

The Association of Boxing Commissions and the National Association of Attorneys

General "Boxing Task Force"

PRESENT



The Professional Boxers "Bill of Rights"

- 1. You have the right to be treated in a professional manner and to be fully informed about all aspects of your sport.
- 2. You have the right to have all terms of any contract with a promoter or manager in writing.
- 3. You have the right to have all contracts read and explained to you, either by the local commission representative or anyone of your choosing (including an attorney).
- 4. Before any bout you have a right to know your opponents name, their record, the weight class of the bout, the number of rounds of the bout, and the amount of your purse, including any travel or training expenses. To check on any boxers record, including your own, contact (Fight Fax) at 856-396-0533.
- 5. You have a right to review, obtain and keep copies of any of your contracts.
- 6. You have a right to directly receive any and all payments from a bout as set forth in your bout agreement.
- 7. You have the right to receive a written, post bout accounting from either the promoter or your manager or both, which shows how the total amount of your purse was distributed. If you have any deductions taken from your purse you have the right to ask for a written accounting of what these deductions were, and why they were deducted from your purse.

8. You have a right to have a doctor at ringside at all times as well as emergency medical personnel and / or an ambulance present at the location at all times.	
9. You have a right to have medical insurance to cover any injuries resulting from a bout and to know the name of the insurance company and the amount of coverage that is being provided.	
10. You have the right to hire individuals of your choice to serve as your mangers, trainers or seconds. You are not required to hire any individual in order to obtain a bout.	
11. You have a right to know why your ranking with any sanctioning body has changed and the reasons for this change. This may be done by writing to the organization and requesting why your ranking has been changed. The organization must respond to you, in writing, within (7) days.	
12. You have a right to appeal any and all suspensions and to be informed on exactly why you were suspended and the length of your suspension. To check if you are on the National Suspension List just go onto the Internet at www.fightfax.com and click onto Suspensions (a fee applies).	
13. You have a right to contact you local commission or the Association of Boxing Commissions to report any violations, ask any questions or seek any advice.	
** You as a Boxer should get a copy of and <i>read</i> the two federal boxing bills that detail many of your rights and responsibilities as a professional boxer. These two bills are:	
The Professional Boxing Safety Act of 1996 and the Muhammad Ali Act of 2000	