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



Boxing, Martial Arts, and Professional Wrestling Program MIXED MARTIAL ARTS NATIONAL IDENTIFICATION CARD Fee \$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 **one** method you are requesting:

Χ	Identification Card Type:	Trans
	Initial/First - MMA National ID Card	1020
	Renewal prior to Expiration	2020
	Re-Issue of Expired - MMA National ID Card	1020

- > No professional Martial Artist is permitted to participate in a Martial Arts event without first presenting a valid Mixed Martial Arts National Identification Card.
- Martial Artists must apply for a Mixed Martial Arts National Identification Card in the state in which he/she is resident or,

	he case of a nmission.	Martial Artist	who is a resid	ent of a foreign o	country, the Commission of	any state that	has such a	
> Plea	ase include the	e following:						
	contain	a photograph			the following government is			
	○ Sta	ate driver's lice	ense 🔾 So	cial Security card	<ul> <li>State identification c</li> </ul>	ard ( Bi	th Certificate	
	☐ If a fore	eign resident, d	lear photocopy	of foreign passpo	ort			
	☐ Two (2)	) passport pho	tos					
Copy of previous Mixed Martial Arts National Identification Card (For renewal only)								
Association of Boxing Commissions' National Identification Card Application (page 2 of this application)								
	☐ \$40 pro	cessing fee						
" <u>Health</u>	and Safety Di	sclosure"						
		0	•	ederal law), each on the each of the each	commission must present to	every profess	sional boxer, a	
As a pr injury. brain in	rofessional box Therefore, it i njury. If you ne	er you should is strongly rec ed further info	be aware that ommended that rmation about	this sport includes at a professional I	many health and safety risk boxer undergo the necessar use contact the Commonwea commission.	y medical exa	ms that detect	
	that I understa	ŭ	•	, ,				
	Print Name							
						_		
	Signature of B	oxer				Date		
OFFICE USE ONLY		Passport ID No.			Country	Expira	tion Date	
OFFICE	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	1	ISSUE DATE	
USE ONLY					4124			

COLOR PHOTO (passport type)

## ASSOCIATION OF BOXING COMMISSIONS

MIXED MARTIAL ARTS
NATIONAL IDENTIFICATION CARD

## APPLICATION FORM

ID#
DATE ISSUED
ISSUING COMMISSION
EXP DATE

Date

FIRST NAME		LAST NAME		MIDDLE			
ADDRESS		CITY	STATE/F	ATE/PROVINCE ZIP			
DATE OF BIRTH _			CIAL SECURITY				
HEIGHT:	WEIGHT:			EYE (	EYE COLOR:		
HOME PHONE		EN	MAIL ADDRESS _				
ALSO KNOWN AS:							
-	(FIRST NAME)		_AST NAME)				
BIRTHMARKS, SCA	RES OR TATTOO	)'S:					
Is the name must be used in top name field. If there is a different first or last name place either or both in Also known as line.  National MMA ID Card will not be issued unless an accurate and truthful application form is completed in its entirety. Incomplete forms will not be accepted and will be returned to applicant for completion.  Two color (passport type) photos must be submitted with the completed application form.  Two forms of identification must be presented at the time of application and must include a color photo of the applicant. Accepted forms of identification will include, but not be limited to driver's license, passport, state/province issued identification or any other form of identification accepted by issuing Commission.  Applicant understands that he/she will not be allowed to compete without a National MMA ID Card.  Applicant understands that the ABC in cooperation with the issuing Commission will settle any and all disputes with regards to violations of these terms and conditions for the National MMA ID Card. The ruling of the ABC is final and binding on all parties.  Applicant agrees to abide by these and any other terms and conditions, rules and regulations set forth by the ABC and the issuing Commission.  Applicant understands and agrees that the ABC reserves the right to amend the terms and conditions for issuing the National MMA ID Card.  I certify that I have read and understand the terms and conditions pertaining to the application for a National MMA ID Card.  I certify that I have read and understand the terms and conditions pertaining to the application for a National MMA ID Card.  I certify that I have read and understand the terms and conditions pertaining to the application for a National MMA ID Card.  I certify that I have read and understand the terms and conditions pertaining to the application for a National MMA ID Card.							

Date

Commission Signature

Applicant's Signature