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Boxing, Martial Arts, and Professional Wrestling Program WRESTLER/LIMITED 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: Х License Type: Wrestler Trans Fee 4101 - Initial/First Virginia Wrestler License 1020 \$40.00 4101 - Renewal prior to Wrestler License Expiration 2020 \$40.00 4101 - Re-Issue of Expired Wrestler License 1020 \$40.00 License Type: Limited Wrestler 4121 - Virginia Limited (Temporary) Wrestler License 1020 \$30.00

- Have you ever held a Professional Wrestler/Limited Wrestler License issued by the Virginia Department of 1. Professional and Occupational Regulation? No
 - Yes If yes, provide your Virginia License number below: Virginia License Number 4 1 Expiration Date Full Legal Name (As it appears on your government issued ID or other legal documentation.) Last (required) First (required) Middle Generation 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. \triangleright 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. Date of Birth (Must be at least 18 years of age.) MM/DD/YYYY Other/Alternative Name(s) Mailing Address (PO Box accepted) The mailing address will be printed on the license. City State Zip Code Street Address (PO Box not accepted) Check here if Street Address is the same as the Mailing Address listed above. PHYSICAL ADDRESS REQUIRED

		City					Zip Code
OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #		ISSUE DATE

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.	Limited (Temporary) Wrestler License applicants only.									
)	A limited license shall be valid only for the duration of one specifically identified event or two specifically identified on consecutive days at the same location. <u>Provide the following information for the event</u> :									
	Date of Event									
	Location of the Eve	ation of the Event								
11.	 11. Do you have any <u>current</u> or <u>previously held</u> 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 <u>one</u>)		State/ Jurisdiction	License, Certification or Registration Number	Expiration Date					
B	oxing 🗌 Martial Arts 🗌	Wrestling								
🗌 Bo	oxing 🗌 Martial Arts 🗌	Wrestling								
🗌 Bo	oxing 🗌 Martial Arts 🗌	Wrestling								
12. 13.	 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. 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 No Yes If yes, attach any documentation (medical reports, etc.) explaining this situation. 									
14.	 Has <u>any</u> (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?									
15.	 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 <u>felony</u>? Any plea of nolo contendere shall be considered a conviction. No Yes If yes, complete the <u>Criminal Conviction Reporting Form</u>. 									

- 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 <u>misdemeanor</u>? Any plea of nolo contendere shall be considered a conviction.
 - No 🗌

Yes If yes, complete the Criminal Conviction Reporting Form.

- 17. 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