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.
- Please include the following:
 - □ If not a foreign resident, clear photocopy of two (2) of the following government issued IDs, one of which must contain a photograph:
 - State driver's license Social Security card State identification card Birth Certificate
 - □ If a foreign resident, clear photocopy of foreign passport
 - Two (2) passport photos
 - Copy of previous Boxer Federal Identification Card (*For renewal only*)
 - Association of Boxing Commissions' Federal Identification Card Application (page 2 of this application)
 - \$40 processing fee

"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, it is 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 Commonwealth of Virginia; Boxing, Martial Arts, and Professional Wrestling Advisory Board or your local boxing commission.

I affirm that I understand the above statement.

Print Name

	Signature of B	Date					
OFFICE USE ONLY		Passport ID No.			Country	Expirat	ion Date
OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #		ISSUE DATE



ASSOCIATION OF BOXING COMMISSIONS (ABC)

Boxer's Federal Identification Card Application

FEDERAL ID# EXPIRATIO					EXPIRATION DATE		
FUI							
	First	1		Middle	Last		
DATE OF BIRTH SOC		SOCIAL	SECURITY -	-			
	-	MONTH /	DAY / YEAR				
PL/	ACE OF BIRTH						
		Country		City		State	
AD	DRESS						
		Street		City		Country	
State	Zip 0	Code	Phone Number	E-ma	ail		
HEI	GHT:	w	EIGHT:		STANCE (check only 1):		
HA	IR COLOR:				EYE COLOR:		
	TINGUISHING	CHARACT	FRISTICS	(Tattoos sca			
				(141000),000			
MA	NAGER:						
	Name	;			Email or Phone Number		
PR	OMOTER:						
	Name	9			Email or Phone Number		
TR/	AINER:						
	Name	9			Email or Phone Number		
AM	ATEUR EXPER	IENCE:	Yes 🗌 🛛 🛚	lo 🗌	RECORD		
			TERM	IS AND CO	NDITIONS	_	
1.	Boxers must apply for	or Boxer Feder	al ID card in the st	tate in which he/s	she is a resident.		
2.	2. Boxer Federal I D card will not be issued unless an accurate and truthful completed application for ABC Boxer Federal I D Card, two passport photos and two forms of ID.						
3.	Boxer understands that he/she will not be allowed to fight without a Boxer Federal ID Card.						
4.	Any false or misleading statements on this application may result in the Boxer being placed on the National Suspension list.						
5.	The ABC reserves the right to amend these terms and conditions.						
6.	Boxer understands that the ABC with the cooperation with the Boxing Commission that issued the Federal ID Card will settle any disputes or violations of terms and conditions for these cards.						
7.	Boxer agrees to abide by these terms and conditions and any other rules set forth by the ABC and the Boxing Commission that issued the identification card.						
sig ap	ning this application	I agree to be any time there	bound by the rule after may place m	es and regulation	are true and the photograph attached as of the ABC. If I make a false or n for one year. I acknowledge that I Card.	misleading statement in this	

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"





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 <u>www.fightfax.com</u> 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 *read* 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