



**Association of
Boxing Commissions
and Combative Sports**

Boxer's Federal Identification Card Application

FEDERAL ID # _____ EXPIRATION DATE _____

FULL NAME _____
First Middle Last

OTHER NAME (aka) (**Not your ring name**): _____
First Last

DATE OF BIRTH ____ / ____ / ____ SOCIAL SECURITY ____ - ____ - ____
Month Day Year

PLACE OF BIRTH: Country _____ City _____ State _____

ADDRESS Street _____ City _____ Country _____

State _____ Zip Code _____ Phone number () _____ Email: _____

HEIGHT: _____ WEIGHT: _____ STANCE (check only 1): RIGHT _____ LEFT _____

HAIR COLOR: _____ EYE COLOR: _____

DISTINGUISHING CHARACTERISTICS :(tattoos, scars, etc) _____

MANAGER Name: _____ E-mail or phone: _____

TRAINER Name: _____ E-mail or phone: _____

AMATEUR EXPERIENCE: Yes ___ No ___ Record: _Wins: _____ Loss: _____

Applicant's Signature _____

Date: _____

TERMS AND CONDITIONS

1. Boxers must apply for Boxer Federal ID card in the state in which he/she is a resident.
2. Boxer Federal ID card will not be issued unless an accurate and truthful completed application for ABC Boxer Federal ID 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.
7. 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.
8. 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.

I solemnly swear (or affirm) that the statements made on this application are true and the photograph attached is a true likeness of me. By signing this application I agree to be bound by the rules and regulations of the ABC. If I make a false or misleading statement in this application the ABC at any time thereafter may place me on suspension for one year. I acknowledge that I have read, understand, and agree to the terms and conditions of the ABC Boxer Federal Identification Card.

Commission Representative _____

Date _____



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“HEALTH AND SAFETY DISCLOSURE”

Per the Muhammad Ali Boxing Act (Federal Law), all Commissions must present to every professional boxer, a medical disclosure upon the 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 would detect any possible brain injury. If you need further information about these exams, please contact a physician or a state or tribal Athletic Commission.

I affirm the I understand the above statement.

Print Boxer's Name: _____

Boxer's Signature: _____

Date