



Apply for a Boxers Federal Identification Card.

Mail this completed form to:

Combative Sports Program
Department of Licensing
PO Box 9026
Olympia, WA 98507-9026

Or email to: DOLCombativeSports@dol.wa.gov

For questions or language help call: (360) 664-6644

Department Use Only
ID number _____
Date issued _____
Issuing commission _____
Expiration date _____

Applicant information

First name		Last name		Middle name
Date of birth (mm/dd/yyyy)		Social Security number		
Address				
City			State/Province	ZIP code
Height	Weight	Stance <input type="checkbox"/> Right <input type="checkbox"/> Left	Hair color	Eye color
Also known as: First name, Last name				
Home (Area code) Phone number		Email		
Birthmarks, scars, or tattoos				
Amateur experience <input type="checkbox"/> Yes <input type="checkbox"/> No	Record			
Manager name		Email or (Area code) Phone number		
Promoter name		Email or (Area code) Phone number		
Trainer name		Email or (Area code) Phone number		

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 style 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.

Certification

I certify 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.

I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.

	TYPE or PRINT Applicant name
Date and place	X Applicant signature

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 Missouri Office of Athletics or your local boxing commission.

I affirm that I understand the above statement.

I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.

	TYPE or PRINT Applicant name
Date and place	X Applicant signature