


ABC Boxer's Federal Identification Card Application										
	FEDERAL ID # (If a renewal)		EXPIRATION DATE (Commission use only)			<input type="text"/> / <input type="text"/> / <input type="text"/>				
	FIRST NAME			MIDDLE NAME		LAST NAME				
DATE OF BIRTH (mm/dd/yyyy)		<input type="text"/> / <input type="text"/> / <input type="text"/>		SOCIAL SECURITY NUMBER or ITIN Number			<input type="text"/> - <input type="text"/> - <input type="text"/>			
PLACE OF BIRTH (COUNTRY)			PLACE OF BIRTH (CITY)			PLACE OF BIRTH (STATE)				
CURRENT ADDRESS (STREET NUMBER)				CURRENT ADDRESS (STREET/ NUMBER)			CURRENT ADDRESS (CITY)			
CURRENT ADDRESS (ZIP CODE)		CURRENT ADDRESS (COUNTRY)			PHONE NUMBER (WITH AREA CODE)					
EMAIL ADDRESS										
HEIGHT		WEIGHT		HAIR COLOR		EYE COLOR				
STANCE (check only 1): <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT			AMATEUR EXPERIENCE: <input type="checkbox"/> YES <input type="checkbox"/> NO			RECORD		Wins		Losses
MANAGER NAME		EMAIL OR PHONE NUMBER								
TRAINER NAME		EMAIL OR PHONE NUMBER								

TERMS AND CONDITIONS

- Boxers must apply for Boxer Federal ID card in the state in which he/she is a resident if it has a Commission or where the Boxer's first bout in the United States is scheduled to occur.
- Boxers Federal ID card will not be issued unless an accurate and truthful completed application for ABC Boxer Federal ID Card, digital photo* and two forms of identification. [*The WI Department of Safety and Professional Services (DSPS) requests a digital photo in lieu of two passport photos.]
- Boxer understands that he/she will not be allowed to fight without a Boxer Federal ID Card.
- Any false or misleading statements on this application may result in the Boxer being placed on the National Suspension list.
- The use of performance enhancing drugs may result in the Boxer being placed on the National Suspension list.
- Boxer agrees that the following entities have the authority to place Boxer on the National suspension list with cause and subject to due process: (a) The Commission issuing this Boxer Federal ID, (b) Any Commission under whose jurisdiction an alleged rules violation has occurred if the Boxer is scheduled to fight in that jurisdiction, or (c) The ABC.
- Boxer understands that the ABC with the cooperation with the Boxing Commission that issued the Boxer Federal ID Card will settle any disputes or violations of terms and conditions for these IDs.
- 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.
- The ABC reserves the right to amend these terms and conditions.

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.

As per the Muhammad Ali Boxing Reform Act (federal law), each Commission must present to every professional boxer, a medical disclosure upon issuance of an ABC Boxer Federal Identification card. As a professional Boxer you should be aware that this is a sport that 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 can detect brain injury. If you need further information about these exam, please contact your local Commission.

APPLICANT'S SIGNATURE (If unable to provide a digital signature print and sign form.)	DATE (mm/dd/yyyy)
	<input type="text"/> / <input type="text"/> / <input type="text"/>
COMMISSION REPRESENTATIVE	DATE (mm/dd/yyyy)
	<input type="text"/> / <input type="text"/> / <input type="text"/>