ASSOCIATION OF BOXING COMMISSIONS (ABC)

Boxer's Federal Identification Card Application

FEDERAL ID # _____ **EXPIRATION DATE** _____

FULL NAME _____ _____ _____
First Middle Last

DATE OF BIRTH_____ /_____ /_____ **SOCIAL SECURITY**_____ -_____ - _____
Month Day Year

PLACE OF BIRTH _____ _____ _____
Country **City** **State**

ADDRESS _____ _____ _____
Street City Country

_____ _____ (____)_____ _____
State Zip Code Phone Number E-mail

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

HAIR COLOR:_____**EYE COLOR:**_____

DISTINGUISHING CHARACTERISTICS :(tattoos, scars, etc) _____
_____

MANAGER: _____ _____
Name E-mail or phone

PROMOTER:_____ _____
Name E-mail or phone

TRAINER: _____ _____
Name E-mail

AMATEUR EXPERIENCE: Yes ☐ No ☐ Record _____

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.

_____ _____
Applicant's Signature **(Print and Sign Form)** Date Commission Representative **(Print and Sign Form)** Date