



**ASSOCIATION OF BOXING COMMISSIONS**  
**MIXED MARTIAL ARTS**  
**NATIONAL IDENTIFICATION CARD**  
**APPLICATION FORM**

ID #: _____
DATE ISSUED: _____
ISSUING COMMISSION: _____
EXP. DATE: _____

FIRST NAME: \_\_\_\_\_ LAST NAME \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_ SOC SEC #: \_\_\_\_\_-\_\_\_\_-\_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE/PROVINCE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ COLOR OF HAIR: \_\_\_\_\_ COLOR OF EYES: \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

BIRTHMARKS, SCARS OR TATTOO'S: \_\_\_\_\_

YEARS OF EXPERIENCE: \_\_\_\_\_

**TERMS AND CONDITIONS:**

1. Applicant must apply for National MMA ID Card in the state/province in which he/she is a resident.
2. National MMA ID Card will not be issued unless an accurate and truthful application form is completed in its entirety. Incomplete forms will not be accepted and will be returned to applicant for completion.
3. Two color (passport type) photos must be submitted with the completed application form.
4. Two forms of identification must be presented at the time of application and must include a color photo of the applicant. Accepted forms of identification will include, but not be limited to driver's license, passport, state/province issued identification or any other form of identification accepted by issuing Commission.
5. Applicant understands that he/she will not be allowed to compete without a National MMA ID Card.
6. Applicant understands that the ABC in cooperation with the issuing Commission will settle any and all disputes with regards to violations of these terms and conditions for the National MMA ID Card. The ruling of the ABC is final and binding on all parties.
7. Applicant agrees to abide by these and any other terms and conditions, rules and regulations set forth by the ABC and the issuing Commission.
8. Applicant understands and agrees that the ABC reserves the right to amend the terms and conditions for issuing the National MMA ID Card.

I certify that I have read and understand the terms and conditions pertaining to the application for a National MMA ID Card, that all information given is my own, is true and correct to the best of my knowledge. I further understand and agree that any false, misstatements or incomplete information on the application will constitute grounds for revoking or denial of the National MMA ID Card, and subject me to a one year suspension at the discretion of the ABC or issuing Commission.

\_\_\_\_\_  
Applicant's Signature                      Date

\_\_\_\_\_  
Commission Representative                      Date



**PA DEPARTMENT OF STATE  
STATE ATHLETIC COMMISSION  
2601 North 3<sup>rd</sup> Street  
Harrisburg, PA 17110**

**COMMONWEALTH OF  
PENNSYLVANIA**

**APPLICATION FOR  
BOXER-MMA-Amateur**

LICENSE  
Fee \$10.00

DATE : \_\_\_\_\_

LICENSE NO. \_\_\_\_\_

FEDERAL I.D. # \_\_\_\_\_

**READ INSTRUCTIONS CAREFULLY**

Two photographs must accompany application.

Payment must be made by check or money order made payable to the Commonwealth of Pennsylvania.

Send to: State Athletic Commission  
2601 North 3<sup>rd</sup> Street  
Harrisburg, PA 17110

**EACH APPLICANT SHOULD ANSWER THE FOLLOWING**

PLEASE PRINT CLEARLY

SOCIAL SECURITY NO. \_\_\_\_\_

Name of Applicant \_\_\_\_\_  
(LAST) (FIRST) (PHONE NO.)

Address \_\_\_\_\_  
(NUMBER AND STREET) (CITY) (STATE) (ZIP CODE)

Ring Name \_\_\_\_\_

Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Boxers Current Record: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ Name of Gym or Club where you train: \_\_\_\_\_

Date of Last Bout: \_\_\_\_\_ Result of Last Bout: \_\_\_\_\_ Location of last Bout: \_\_\_\_\_

Name of trainer: \_\_\_\_\_

Other than MMA events, have you ever competed in any other type of Amateur or Professional contact sport?

Yes \_\_\_ No \_\_\_, If YES please explain \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Normal Weight \_\_\_\_\_ Ring Weight \_\_\_\_\_ Hair color \_\_\_\_\_ Eye Color \_\_\_\_\_

Have you ever been Arrested for Violating the Laws of Pennsylvania or any other State? \_\_\_\_\_

If YES, state Where and Give details \_\_\_\_\_

Have you been licensed before by this Commission? Yes \_\_\_ No \_\_\_ If YES, when? \_\_\_\_\_

Are you currently licensed by any other Athletic Commission? Yes \_\_\_ No \_\_\_

If YES, which Commissions? \_\_\_\_\_

Are you currently under any type of suspension from any commission? Yes \_\_\_ No \_\_\_

If YES, give details \_\_\_\_\_

Are you currently under any type of boxer/manager contract? Yes\_\_\_\_ No\_\_\_\_\_

If YES, list name of manager \_\_\_\_\_  
NAME OF MANAGER CITY/STATE WHERE CONTRACT WAS FILED

Do you have any type of Personal Service Contract? Yes\_\_\_\_ No\_\_\_\_\_

If YES, list name \_\_\_\_\_  
PERSON/ORGANIZATION CITY/STATE WHERE CONTRACT WAS FILED

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### HIV/Hep. B/C TEST

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Date of last exam \_\_\_\_\_ Location of Exam \_\_\_\_\_

Is your **negative** test attached to this form? Yes\_\_\_\_ No \_\_\_\_\_

Do you understand the HIV/AIDS Disease and the testing procedures that were done? Yes\_\_\_\_ No\_\_\_\_\_

Would you like more information about the HIV/AIDS virus? Yes\_\_\_\_ No\_\_\_\_\_

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#### ATHLETIC COMMISSION HIV/AIDS REGULATIONS:

The PA State Athletic Commission will not accept this application unless it is accompanied by a **negative** HIV, Hepatitis B, Surface-Antigen and Hepatitis C tests. These tests must have been completed within (6) months from the date on this application.

#### ATHLETIC COMMISSION DRUG ABUSE REGULATIONS:

The Pennsylvania State Athletic Commission may require each boxer to submit to a drug screening test through urine analysis.

If any boxer is detected to have used drugs and this is confirmed by a second drug test, the findings will be reviewed by the Commission for determination of sanctions. Note: Refusal of a drug test will result in a suspension.

\*\* Boxers are covered by INSURANCE while competing in this state. Ask the Commission for further details.

The undersigned hereby affirms that the statements made herein are true and correct to the best of my information, knowledge and belief. I understand that any false statement is made subject to the penalties set forth in 18 PA C. S. section 4904, relating to unsworn falsification to authorities and may also result in the suspension or revocation of my license. I do authorize the Pennsylvania Athletic Commission to release any and all of my medical records to any other state or tribal commission upon request of that commission.

By: \_\_\_\_\_  
APPLICANT'S SIGNATURE



**COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
STATE ATHLETIC COMMISSION  
2601NORTH 3<sup>rd</sup> Street  
HARRISBURG, PA 17110**

**Gregory P. Sirb  
Executive Director**

**Telephone: (717) 787-5720  
Fax: (717) 783-0824**

**\*Amateur (MMA) experience Form (Must be completed by Boxer's Trainer/Manager)**

By signing this form below you are certifying that \_\_\_\_\_ has, in  
Name of Boxer  
your judgement, the necessary skills to qualify and be licensed as an **amateur (MMA) boxer in this state?**

You make this judgement based on the following: (circle all that apply)

\* The above named Boxer has been training at your gym  
If YES for how long \_\_\_\_\_

\* Name and location of the GYM where this Boxer has trained:

\_\_\_\_\_

\* You have witnessed the above named Boxer spar and train and feel he/she is duly qualified

\* You have first-hand knowledge of the above named Boxer's amateur experience  
If YES –list the win/loss record of this Boxer: \_\_\_\_\_

What, if any relationship do you have with the above named boxer?

\_\_\_\_\_

Do you hold any type of license with the Pennsylvania State Athletic Commission or any other state/tribal Commission? If YES please list the type of license and Commission's name:

\_\_\_\_\_

**Trainer's /Manager's Name** \_\_\_\_\_  
(Please Print)

**\* By signing below I also verify that the above named Boxer has NEVER competed in any professional contest in any form of contact sports.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**\* This form MUST be completed for every amateur MMA Boxer who is competing for the first time in Pennsylvania. This form MUST be presented to the Commission before the event.**



**COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
STATE ATHLETIC COMMISSION  
2601 NORTH 3<sup>rd</sup> Street  
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Executive Director**

**Telephone: (717) 787-5720  
Fax: (717) 783-0824  
Email: gsirb@pa.gov**

**Request for Waiver of Amateur MMA Rules (58 Pa. Code §29.30)**

**Section 1. Must be completed and signed by amateur MMA fighter (applicant)**

I, \_\_\_\_\_, am requesting a Waiver of the Amateur MMA Rules,  
Name of Fighter and MMA ID#  
 which will allow me to strike to the head of my opponent when down and not be required to wear shin and instep pads during this bout.

Name of opponent also requesting waiver: \_\_\_\_\_

Date and location of bout: \_\_\_\_\_

I have previously applied for a Waiver on (date): \_\_\_\_\_

\_\_\_\_\_  
**Applicant signature/MMA ID #** **Date**

**Section 2. Must be completed and signed by the MMA fighter’s current Trainer**

I certify that \_\_\_\_\_ has, in my judgment, the necessary skills, training,  
Name of Fighter and his MMA ID#  
 conditioning and experience to qualify for the Waiver of the Amateur MMA Rules, which will allow this fighter to strike to the head of his opponent when down and not be required to wear shin and instep pads during this bout.

➤ The above-named fighter has been training at my gym. YES / NO  
 Name and location of the gym: \_\_\_\_\_  
 Length of time training at this gym: \_\_\_\_\_

➤ I have witnessed the above-named fighter compete in Commission-sanctioned  
 amateur MMA events and feel he is duly qualified for a waiver of the amateur rules. YES / NO  
 Win/loss amateur record of this fighter: \_\_\_\_\_  
 Date of last bout: \_\_\_\_\_  
 Result of last bout: \_\_\_\_\_

Do you hold any type of license with the PA State Athletic Commission or any other state/tribal Athletic Commission? If YES, list the type of license and state licensed: \_\_\_\_\_

\_\_\_\_\_  
**Printed Name of Trainer** **Signature** **Date**

**\* This form MUST be completed for EACH amateur MMA fighter who is applying for a Waiver of the Rules for EVERY bout in which a Waiver is requested.**

**COMMONWEALTH OF PENNSYLVANIA  
STATE ATHLETIC COMMISSION**

**PHYSICIAN'S EXAMINATION - DATE:** \_\_\_\_\_

BOXER'S/MMA Fighter's NAME: \_\_\_\_\_

SS #: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

AGE: \_\_\_\_\_ Federal ID# \_\_\_\_\_ CURRENT WEIGHT: \_\_\_\_\_ HEIGHT \_\_\_\_\_

**TO BE COMPLETED BY EXAMINING PHYSICIAN:**

UNLESS STATED Indicate normal findings by placing a check (VISION must be at least **20/70-W/O Glasses**)

1. Visual Acuity: **List Actual** \_\_\_\_\_ Peripheral Vision (**DEGREES**) \_\_\_\_\_

2. Pupils: Regular \_\_\_\_\_ Equal \_\_\_\_\_ React to light \_\_\_\_\_ Anterior Segment \_\_\_\_\_

3. Periorbital Regions (describe scars, if any) \_\_\_\_\_

4. Oropharynx: \_\_\_\_\_ Ears (discharge, etc.) \_\_\_\_\_

5. Lungs: (Any abnormal breath sounds, friction rub, rales, etc.) \_\_\_\_\_

6. Heart Rate: **List Actual** \_\_\_\_\_ Any irregularity \_\_\_\_\_ Murmurs \_\_\_\_\_

7. Pulse Rate: **List Actual** \_\_\_\_\_ Blood Pressure: **List Actual** \_\_\_\_\_

8. Abdominal Exam: \_\_\_\_\_

9. Extremities (Stiffness, swelling, tenderness): **YES** \_\_\_\_ **NO** \_\_\_\_\_

10. Hands (fists): Any Fractures, or Swelling: **YES** \_\_\_\_ **NO** \_\_\_\_\_

11. Nervous System: Orientation \_\_\_\_\_ Cerebellum \_\_\_\_\_ Cranial Nerves \_\_\_\_\_

12. Nose: Instability **YES** \_\_\_\_ **NO** \_\_\_\_\_ Obstruction **YES** \_\_\_\_ **NO** \_\_\_\_\_

13. Coordination: Finger to Nose - Normal \_\_\_\_\_ Abnormal \_\_\_\_\_

14. Tandem Gait: Normal \_\_\_\_\_ Abnormal \_\_\_\_\_

15. In your opinion is this individual in condition to compete as a Pro/Amateur MMA/ Boxer: **YES** \_\_\_\_  
**NO** \_\_\_\_

IF NO WHY \_\_\_\_\_

**NAME OF EXAMINING PHYSICIAN (PRINT):** \_\_\_\_\_

**TELEPHONE #:** \_\_\_\_\_ **FAX #:** \_\_\_\_\_

**PHYSICIAN'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SEND TO:**

PENNSYLVANIA STATE ATHLETIC COMMISSION  
2601 North 3<sup>rd</sup> Street  
HARRISBURG, PA 17110

**TELEPHONE #:** 717-787-5720  
**FAX #:** 717-783-0824