Commonwealth of Virginia
Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400
Richmond, Virginia 23233-1485
(804) 367-0186
www.dpor.virginia.gov
Box



Boxing, Martial Arts, and Professional Wrestling Program WRESTLER/LIMITED WRESTLER LICENSE APPLICATION

A check or money order payable to the <u>TREASURER OF VIRGINIA</u>, or a completed <u>credit card insert</u> must be mailed with your application package. APPLICATION FEES ARE NOT REFUNDABLE.

Select the <u>one</u> method you are requesting for licensure:

Х	License Type: Wrestler	Trans	Fee
	4101 - Initial/First Virginia Wrestler License	1020	\$40.00
	4101 - Renewal <u>prior</u> to Wrestler License Expiration	2020	\$40.00
	4101 - Re-Issue of Expired Wrestler License	1020	\$40.00
	License Type: Limited Wrestler		
	4121 - Virginia Limited (Temporary) Wrestler License	1020	\$30.00

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1.	Have you ever held a Professional Wire Professional and Occupational Regulation No Yes If yes, provide your Virginia Virginia License Number	?	elow:	by the Virginia	Department of
2.	Full Legal Name (As it appears on your gov	vernment issued ID o	r other legal documentation.)		
	Last (required) First	(required)	Middle		Generation
3.	Provide at least <u>one</u> of the following identification in the same identification number as used on example nu	xamination, previous application or oth	er authorization to engage in a busi	ness, trade, profession	or occupation issued
4.	Date of Birth (N	Must be at least 18 ye	ears of age.)		
5.	Other/Alternative Name(s)				
6.	Mailing Address (PO Box accepted) The mailing address will be printed on the license.	City			Zip Code
7.	Street Address (PO Box <u>not</u> accepted) PHYSICAL ADDRESS REQUIRED	Check here if Str	reet Address is the <u>same</u> as the Mai	ling Address listed abov	/e.
8.	Contact NumbersPrimary Telepho	City	Alternate Telephone	State F	Zip Code
OFFICE USE ONLY	DATE FEE TRANS CODE	ENTITY#	FILE #/LICENSE	#	ISSUE DATE

9.	Email Address				
	Ema	il address is considered a public recor	d and will be disclosed upon request	from a third party.	
10.	Limited (Temporary) Wrestler Lice	nse applicants only.			
>	A limited license shall be valid or events held on consecutive days a Provide the following information Date of Event Location of the Event	t the same location.	ecifically identified event or tw	o specifically identified	
11.	Do you have any <u>current</u> or <u>pressured</u> issued by the Commonwealth of V No Yes If yes, complete the	irginia or any other jurisdiction?		tification or registration	
	Type (Check <u>one</u>)	State/ Jurisdiction	License, Certification or Registration Number	Expiration Date	
□ Bo	oxing Martial Arts Wrestling				
Вс	oxing Martial Arts Wrestling				
Вс	oxing Martial Arts Wrestling				
12.13.	No Yes If yes, attach any documentation (medical reports, etc.) explaining this situation.				
14.	Has <u>any</u> (including Virginia) local, state or national regulatory body in any jurisdiction ever taken disciplinary action against you in connection with your participation in or promotion of professional athletic contests or activities including, but not limited to, monetary penalty, fine, suspension, revocation, or surrender of a license? No Yes If yes, complete the <u>Disciplinary Action Reporting Form</u> .				
15.	misrepresentation while end No	guilty by the department or gaged in boxing, martial arts, we the Criminal Conviction Repo	restling, or other athletic activit	3	
	United States of any <u>felony</u> ? No □	ed or found guilty, regardless o Any plea of nolo contendere s e the Criminal Conviction Repo	shall be considered a conviction	3 3	
	United States of any <u>misdem</u> No □	ed or found guilty, regardless on the anor? Any plea of note content of the Criminal Conviction Repo	endere shall be considered a c	5 5	

- 17. By signing this application, I certify the following statements:
 - I am aware that submitting false information or omitting pertinent or material information in connection with this application will delay processing and may lead to license revocation or denial of license.
 - I will notify the Board of any changes to the information provided in this application prior to receiving the
 requested license, certification, or registration including, but not limited to any disciplinary action or conviction of
 a felony or misdemeanor (in any jurisdiction).
 - I authorize the Department to verify information concerning me or any statement in this application from any
 person, or any source the department may contact. I also agree to present any credentials or documents
 required or requested by the Department.
 - I authorize any federal, state or local government agency, current or former employer, or other individual or business to release information which may be required for a background investigation.
 - I have read, understand and complied with all the laws of Virginia related to this profession under the provisions of Title 54.1, Chapter 8.1 of the *Code of Virginia* and the *Virginia Professional Boxing, Wrestling and Martial Arts Regulations*.
 - I certify that I have the experience, training and knowledge to perform as a wrestler in the Commonwealth of Virginia. All the information provided on this application is accurate and true.
 - I understand as a professional wrestler I should be aware that the activities of professional wrestling includes many health and safety risks. I will take the necessary medical exams to assure I am physically able to safely compete. I certify I have received the necessary training and/or have the necessary experience to safely participate in the activity of professional wrestling. I further certify that I am in good physical health, have no abnormalities or deficiencies that would prevent my participation in a wrestling event or endanger my health when engaging in a wrestling exhibition, and understand the health and safety risks involved in participation in a wrestling event.

Signature	Date	