

9. Email Address _____

Email address is considered a public record and will be disclosed upon request from a third party.

10. Limited (Temporary) Wrestler License applicants only.

- A limited license shall be valid only for the duration of one specifically identified event or two specifically identified events held on consecutive days at the same location.

Provide the following information for the event:

Date of Event _____

Location of the Event _____

11. Do you have any **current** or **previously held** boxing, martial arts or wrestling license, certification or registration issued by the Commonwealth of Virginia or any other jurisdiction?

No

Yes If yes, complete the following table.

Type (Check one)	State/ Jurisdiction	License, Certification or Registration Number	Expiration Date
<input type="checkbox"/> Boxing <input type="checkbox"/> Martial Arts <input type="checkbox"/> Wrestling			
<input type="checkbox"/> Boxing <input type="checkbox"/> Martial Arts <input type="checkbox"/> Wrestling			
<input type="checkbox"/> Boxing <input type="checkbox"/> Martial Arts <input type="checkbox"/> Wrestling			

12. Have you ever suffered from a serious head injury or other serious physical injury?

No

Yes If yes, attach any documentation (medical reports, etc.) explaining this situation.

13. Have you ever had a wrestler license **denied or suspended** for reason of medical safety when it was determined by competent medical examination that participation in a wrestling event would pose a risk to your health?

No

Yes If yes, attach any documentation (medical reports, etc.) explaining this situation.

14. Has any (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 [Disciplinary Action Reporting Form](#).

15. A. Have you ever been found **guilty** by the department or a court of competent jurisdiction **of any material misrepresentation** while engaged in boxing, martial arts, wrestling, or other athletic activities?

No

Yes If yes, complete the [Criminal Conviction Reporting Form](#).

B. Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **felony**? *Any plea of nolo contendere shall be considered a conviction.*

No

Yes If yes, complete the [Criminal Conviction Reporting Form](#).

C. Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **misdemeanor**? *Any plea of nolo contendere shall be considered a conviction.*

No

Yes If yes, complete the [Criminal Conviction Reporting Form](#).

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 _____