



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

A check or money order payable to the **TREASURER OF VIRGINIA**,  
 or a completed [credit card insert](#) must be mailed with your application package.

**APPLICATION FEES ARE NOT REFUNDABLE.**

Select the one method you are requesting for licensure:

X	License Type: Boxer	Trans	Fee
<input type="checkbox"/>	4102 - Initial/First Virginia Boxer License	1020	\$40.00
<input type="checkbox"/>	4102 - Renewal <u>prior</u> to Boxer License Expiration	2020	\$40.00
<input type="checkbox"/>	4102 - Re-Issue of Expired Boxer License	1020	\$40.00
	License Type: Limited Boxer		
<input type="checkbox"/>	4122 - Virginia Limited (Temporary) Boxer License	1020	\$30.00

1. Have you ever held a **Professional Boxer/Limited Boxer** License issued by the Virginia Department of Professional and Occupational Regulation?

No

Yes  If yes, provide your Virginia License number below:

Virginia License Number 

4	1								
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 Expiration Date \_\_\_\_\_

2. Full Legal Name (As it appears on your government issued ID or other legal documentation.)

\_\_\_\_\_  
 Last (required)                      First (required)                      Middle                      Generation

3. Provide at least one of the following identification numbers\*:

**Social Security Number** and/or

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**Virginia** DMV Control Number

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- Provide the same identification number as used on examination, previous applications or licenses on file with the department.
- If the professional boxer is a **resident of a foreign country**, the professional boxer shall present to the Virginia boxing commissioner representative his/her foreign passport or mail a **copy** of his/her foreign passport with this application.
- \* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the **Virginia** Department of Motor Vehicles.

4. Date of Birth \_\_\_\_\_ (Must be at least 18 years of age.)  
MM/DD/YYYY

5. Other/Alternative Name(s): \_\_\_\_\_

6. Mailing Address (PO Box accepted) \_\_\_\_\_  
 The mailing address will be printed on the license.

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

7. Street Address (PO Box not accepted)  Check here if Street Address is the same as the Mailing Address listed above.

**PHYSICAL ADDRESS REQUIRED**

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

OFFICE USE ONLY	Passport ID No.	Country			Expiration Date
OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #
				41	ISSUE DATE



15. 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 understand as a professional boxer I should be aware that this sport includes many health and safety risks, in particular the risk of brain injury. As such, I will take the necessary medical exams that detect brain injury. If I need further information about these exams I will ask my doctor or staff of the Department.

Signature \_\_\_\_\_ Date \_\_\_\_\_

#### Required Documentation

- **All boxer applicants** must provide a certification from a licensed physician dated within the past six months certifying that the applicant is in good physical health and that the physician has not observed any abnormalities or deficiencies that would prevent the applicant from participation in a boxing event or endanger the applicant, the public, officials or other licensees participating in the event.