



# **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 number

**PROMOTER:** \_\_\_\_\_  
Name e-mail or Phone Number

**TRAINER:** \_\_\_\_\_  
Name e-mail or Phone Number

**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 Date

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

**ASSOCIATION OF BOXING COMMISSIONS**

**“HEALTH AND SAFETY DISCLOSURE”**

**As per the Muhammad Ali Boxing Reform Act (federal law), each commission must present to every professional boxer, a medical disclosure upon issuance of a Federal Identification Card.**

**As a professional boxer you should be aware that this sport includes many health and safety risks, particularly the risk of brain injury. Therefore, it is strongly recommended that a professional boxer undergo the necessary medical exams that detect brain injury. If you need further information about these exams, please contact the Missouri Office of Athletics or your local boxing commission.**

**I affirm that I understand the above statement.**

**Signature of Boxer**

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**Date**

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