

Attach 2 Color Photos
(Passport Type)

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

APPLICATION FORM

FOR OFFICIAL USE ONLY

ID #: _____
Date Issued: _____
Issuing Commission: _____
Expiration Date: _____

PLEASE TYPE OR PRINT CLEARLY

Full Name: Last: _____ First: _____ Middle: _____

Known As Name: _____

Date of Birth (MM/DD/YY): _____ Last 4 of Social Security #: XXX-XX- _____

Address: _____ Apartment #: _____

City: _____ State: _____ Country: _____ Zip: _____

Height: ____ Feet ____ Inches Weight: _____ Hair Color: _____ Eyes Color: _____

Telephone (including area code): _____ E-mail Address: _____

Scars, Marks, Tattoo's and/or Birthmarks: _____

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 (Sign Legal Name) _____ Date _____

Commission Representative (print & sign) _____ Date _____