

ARIZONA BOXING AND MIXED MARTIAL ARTS COMMISSION

PROFESSIONAL BOXER APPLICATION REQUIREMENTS

- Arizona License Application must be filled out **completely**. Email a Digital Photo to info@azboxingandmma.gov of the Applicant and send in a **MONEY ORDER** and License Application for \$25.00, payable to the Arizona Boxing and MMA Commission. ***This application will serve as your registration with Arizona Boxing and MMA Commission.***
- Copy of Driver's License, Valid Identification or other Lawful Presence Documents must be provided along with Arizona License Application.
- Boxer's Federal Identification Application must be filled out **completely**. A Boxer's Card and number will be issued, which will serve as your Identification to check-in at each event you participate in. This must be carried at all times to verify your identity.
- Annual Physical Exam (form available). **Examinations must be done by an MD or DO. (Chiropractors, Nurse Practitioners and Physicians Assistants will not be accepted.)**
- HIV Test, HEPATITIS B (**Surface Antigen**) Test & HEPATITIS C (**Antibody**) Test
- Ophthalmological Exam (form available). **Examinations done by an Optometrist will not be accepted.**
- Boxers over 32 years of age must get special permission from the Executive Director and may be required to furnish additional medical tests.
- Applicants over 36 years of age must get special permission from the Commission and is required to furnish the results of a stress test that is administered by a licensed physician, accompanied by a clearance letter and the results of an electrocardiogram (EKG) that demonstrates normal cardiovascular function.
- Boxers who have not been active for two years or more may be required to undergo further medical exams and/or be asked to demonstrate ability to perform.
- Female contestants must submit a negative pregnancy test on the day of Weigh-ins or date of Event as determined by the Commission.
- Boxers who are making their pro debut must furnish proof of their amateur record, the name of the gym and an affidavit from their trainer, certifying the boxer's ability to perform. If the boxer has no amateur experience, he or she must furnish an affidavit from his or her trainer certifying his or her tenure in the gym and the ability to perform.

1110 West Washington, Suite 260
Phoenix, AZ 85007
Phone (602) 364-1721 Fax (602) 364-1703
www.azboxingandmma.gov

"AN EQUAL EMPLOYMENT OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER"

Checklist for Fighter, Trainer and Cornermen (Second's)

The Arizona Boxing and MMA Commission will need to know who will be helping you in your corner at least 2 days before the day of the fight to make sure they have an ACCESS PASS. All fighters and cornermen, must be licensed by the day of the event. Their fees are indicated on the Arizona License Application (\$20 for MMA Amateur fighters and \$25 for Boxers, MMA Professional fighters and Cornerman aka Seconds.) Make sure you are licensed in order to receive an Access Pass to the event. This fee WILL NOT be taken from the Fighter's purse, unless the fighter agrees and the deduction is stated in the contract.

ARIZONA BOXING AND MMA COMMISSION

1110 W. Washington Street, #260

Phoenix, AZ 85007

Phone: (602) 364-1721

Fax: (602) 364-1703

Email: info@azboxingandmma.gov

Website: www.azboxingandmma.gov

Please provide the names below along with License Applications by fax or email above:

(We allow 3 in the corner for Regular Bouts and 4 for Championship bouts)

	State ID / Country
Fighter Name: _____	_____
<i>Trainer</i> _____	_____
<i>Chief Second</i> _____	_____
<i>Second 2</i> _____	_____
<i>Second 3</i> _____	_____

Items required to compete include the following:

1. All Medical Exams including blood tests, license applications, Federal ID Applications and other paperwork turned into the AZ Commission 48hrs prior to event
2. Fighter Contract, if applicable
3. Mandatory Weigh-ins (1 day prior to event or day of event, if applicable)
4. Professional Trunks
5. Professional Groin Cup
6. Mouthpiece (Single or Double guard)
7. Tape / Gauze / Towel / Spit Bucket and Materials needed between rounds
8. Rules and Instructions (Referee to provide day of event)
9. Check with the AZ Boxing and MMA Commission above for any additional items

New Application Renewal



ASSOCIATION OF BOXING COMMISSIONS (ABC)

Application for Boxer's Federal Identification Card

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:** _____ (lbs.) **STANCE (check 1):** **RIGHT** _____ **LEFT** _____

HAIR COLOR: _____ **EYE COLOR:** _____

DISTINGUISHING CHARACTERISTICS: (Tattoos, Scars, etc.) _____
(Chest, Arms, Legs, Neck, Back, etc.)

MANAGER: _____
Name E-mail or phone

PROMOTER: _____
Name E-mail or phone

TRAINER: _____
Name E-mail

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 if 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 _____

ARIZONA BOXING AND MMA COMMISSION

LICENSE APPLICATION

Application Facts and Instructions (ARS § 41-1079)

- **All licenses expire every December 31 at midnight.** It is the licensee's responsibility to apply for renewal prior to license expiration.
- Required: Two passport size photos, documentation of citizenship or alien status, fingerprints**, and license fee (AAC R-3-412)
- License will be issued or denied after receiving a complete application package: within 65 days for promoters, matchmakers, corporations, managers, judges and referees; and within 40 days for boxers, boxer's seconds, trainers, ring announcers, timekeepers, and physicians. (AAC R3-412.01)
- Contact the Boxing and MMA Commission at (602) 364-1721 with questions or assistance with the application process.
- This document is a public record as defined in ARS. § 41-1350, and is therefore open to public inspection. (ARS. § 39-121)

Personal Information

Date: _____

Applicant's Name: _____ Social Security No: _____ - _____ - _____
Last First M.I. (Jr, Sr., etc.) (Disclosure of your social security number is mandatory. ARS § 25-320)

Date of Birth: _____ / _____ / _____ Other Names You Have Used (maiden/other) _____
Month Day Year

Place of Birth: _____ Are you a Citizen of the United States? Yes No
City, State (or equivalent) and Country

Permanent Mailing Address - Please be advised that the address listed below will be used for mailing all notices or other communication. (It is the sole responsibility of the licensee to notify the Commission of a change in mailing address.)

Mailing Address _____ Apartment, Suite, Floor _____
 City _____ State _____ Zip Code _____ Email _____
 Home Phone (_____) _____ Work Phone (_____) _____ Cell Phone (_____) _____

Boxing Infractions & Criminal History Background

1. Have you ever been convicted of any crime, other than a traffic violation: Yes No

If you answered "yes" – please provide an explanation for each incident

Date	City	State	Offense (Nature of Charge)	Disposition/Final Results of Case

2. Have you ever had a license denied, suspended or revoked by any commission? If you answered yes, explain: _____

3. Have you ever been issued a license by any commission or regulatory agency? If so, specify the commission or agency and dates and type of license: _____

License Categories & Fees

Check the box that applies and provide the information requested, if applicable to your license category.

\$25	\$50	\$100	\$200	\$400
<input type="checkbox"/> Announcer <input type="checkbox"/> Inspector <input type="checkbox"/> Physician <input type="checkbox"/> Timekeeper <input type="checkbox"/> Boxer (Pro) <input type="checkbox"/> MMA (Pro) <input type="checkbox"/> Second <input type="checkbox"/> Trainer Fingerprints needed for the following: <input type="checkbox"/> ** Judge <input type="checkbox"/> ** Referee	<input type="checkbox"/> ** Manager <input type="checkbox"/> Fingerprint Must submit a list of all Boxers and MMA (Pro's) under Managerial Contract.	<input type="checkbox"/> ** Matchmaker <input type="checkbox"/> Fingerprint	<input type="checkbox"/> Promoter <input type="checkbox"/> ** (Individual) <input type="checkbox"/> Fingerprint	<input type="checkbox"/> Promoter <input type="checkbox"/> ** (Corporation) <input type="checkbox"/> Fingerprint
\$20				
<input type="checkbox"/> MMA (Amateur)				

If you have a financial interest in any Pro Boxer or Pro MMA Fighter: Please explain on a separate sheet.

**** Fingerprints are required for these licensed categories and Add'l \$22 Fee for Processing****

**AFFIDAVIT OF LAWFUL PRESENCE
BY APPLICANTS FOR STATE PUBLIC BENEFITS - LICENSING**

All licensed applicants must present evidence demonstrating lawful presence in the United States at time of application. A.R.S. § 1-502, 8 U.S.C. § 1621

EXCEPTIONS: You are not required to submit documentation if the following applies:

- I have unexpired documentation on file with the Arizona Boxing Commission.
- Applicants who are citizens of a foreign country and not physically present in the United States.

ALL OTHERS: Submit one of the following documents:

Check the document you are submitting.

- An Arizona driver license issued after 1996 or an Arizona nonoperating identification card.
- A driver license issued by a state that verifies lawful presence in the United States. (The following states do not verify, and therefore are not acceptable: Hawaii, Illinois, New Mexico, Utah and Washington. Washington verifies only for credentials labeled as "Enhanced.")
- E-Verification issued by the Department of Homeland Security verifying employment eligibility.
- A birth certificate or delayed birth certificate issued in any state, territory or possession of the United States.
- A United States certificate of birth abroad.
- A United States Passport. **Passport #** _____
- A foreign passport with a United States visa. **Passport #** _____
- An I-94 form with a photograph.
- A United States citizenship and immigration services employment authorization document or refugee travel document.
- A United States certificate of naturalization.
- A United States certificate of citizenship. **State ID and #** _____ **Expires** _____
- A tribal certificate of Indian blood. **Eyes** _____ **Hair** _____ **Height** _____ **Weight** _____ **lbs.**
- A tribal or bureau of Indian affairs affidavit of birth.
- Other acceptable document as determined by the Boxing Commission. _____

WARNING – Please read carefully before signing

I hereby make application for a license to be issued in accordance with the terms and provisions of the rules of the Arizona Boxing Commission. I agree to strictly comply with the laws of the State of Arizona and with the Rules of the Arizona Boxing Commission as they may be added or amended from time to time.

License Application Instructions – I have been provided with instructions for obtaining a license, informed of applicable licensing timeframes, and provided with contact information if I have questions or need assistance during the application process.

Social Security Numbers – ARS § 25-320 mandates that each licensing board or agency that issues professional or occupational licenses or certificates must obtain and record the social security number of an applicant for professional or occupational license or certificate in its database in order to aid the Department of Economic Security in locating parents or their assets or to enforce child support orders. Therefore, it is mandatory that your social security number is provided on this application. When social security numbers appear on public records, and copies of such records become the subject of a records request, social security numbers must be redacted from the document.

Declaration of Citizenship and Alien Status - I declare under penalty of perjury under the laws of the state of Arizona that the answers I have given are true and correct to the best of my knowledge. I understand that it is my responsibility to advise the Commission of any change in citizenship or alien status and to provide the Commission with a copy of new or renewed documents evidencing my status.

Application Certification – I certify that all the information listed on the License Application is true and correct to the best of my knowledge. I further understand and agree that any misstatement of a material fact in this application will constitute grounds for suspension or revocation of the license and/or a possible monetary fine.

If the Applicant is a Contestant, he or she understands that by participating in a Boxing or Unarmed Combat bout, that the Contestant is engaging in an abnormally dangerous activity which subjects Contestant to a risk of severe injury or death. The Contestant, in full knowledge of the risks, nonetheless, agrees to enter into this license agreement and hereby waives any claim that the Contestant or Contestant's heirs may have against the Arizona State Boxing & MMA Commission ("Commission"), the Commission members and employees, bout officials and the State of Arizona as the result of any injury the Contestant may suffer as a result of Contestant's participation in this contest.

I acknowledge and understand that false or incomplete answers on this Application Form could result in criminal prosecution and/or the Denial or subsequent Revocation of a License.

I declare under penalty of perjury under the laws of the State of Arizona, that I have read and understand the foregoing and completed this application for a license, that all the answers given are my own, and that the answers are true and correct to the best of my knowledge.

X _____ **Date** _____
Signature of License Applicant

If payment of fees is made by personal check and that check is not on a valid account or drawn without sufficient funds, the license issued shall be null and void and an automatic fine of \$25.00 shall be imposed.

ARIZONA STATE BOXING AND MIXED MARTIAL ARTS COMMISSION

PHYSICAL EXAM PHYSICAL EXAMINATION FOR PROFESSIONAL BOXER/UNARMED COMBATANT

Applicant Phone: (____)____-_____

APPLICANT INFORMATION

MALE FEMALE

Applicant
Last Name _____ First Name _____ Middle _____ Date of Birth _____
Street Address _____ City _____ State _____ Zip _____

PHYSICAL HISTORY

Has applicant had any of the following conditions:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Fainting spells | <input type="checkbox"/> Rupture (hernia) | <input type="checkbox"/> Chest pain | <input type="checkbox"/> Operations |
| <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Swollen joints | <input type="checkbox"/> Rheumatism | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Frequent head aches | <input type="checkbox"/> Convulsions (fits) | <input type="checkbox"/> Chronic cough | <input type="checkbox"/> Bleeding disorder |
| <input type="checkbox"/> Spitting blood | <input type="checkbox"/> Cerebral hemorrhage or any other serious injury | | |

Number of knockouts received _____ Date of last knockout _____

Longest duration of unconsciousness _____

Have you ever been knocked unconscious in any other sport or in any other way? Yes No

If yes, explain: _____

BOXING/UNARMED COMBAT RECORD

Pro Boxing	Wins _____	Losses _____	Draws _____
Pro MMA	Wins _____	Losses _____	Draws _____
Amateur MMA	Wins _____	Losses _____	Draws _____

PHYSICAL EXAMINATION

General appearance _____ Height _____ Weight _____ Temperature _____

Disabling scars _____ Mouth _____ Teeth _____ Tonsils _____ Neck _____

Pulse at rest _____ Blood pressure at rest _____

Pulse after 100 hops _____ Blood pressure after 100 hops _____

Blood pressure 2 minutes later _____

Enlarged glands Yes No Goiter Yes No

Heart: Pulse rhythm Regular Irregular Apical impulse Heavy Normal

Enlargement Yes No Murmurs Yes No

Lungs: Rales Yes No

Breasts: Mass Yes No Tenderness Yes No Discharge Yes No

Abdomen: Enlargement of liver Yes No Enlargement of spleen Yes No

Hernia Yes No Enlargement of spleen Yes No

Testicles: Normal Yes No Remarks: _____

Pelvic: Normal Yes No Remarks: _____

Reflexes: Pupils _____ Knee jerks _____ Romberg _____ Babinski _____

Skin: Rash _____ Boils _____ Any other unhealed wounds: _____

Speech: Slurred? Yes No Other: _____

General issues (memory, judgment): _____

Remarks: _____

EYE HISTORY

Has applicant every had any of the following conditions:

1. Blurred vision? Yes No
2. Surgical procedures done to his/her eye(s) or the tissues around the eye other than simple sutures of the skin around the eye?
 Yes No
3. Has applicant ever been informed by a physician that he/she had significant eye problems such as retinal detachment, retinal tear, primary or secondary glaucoma, aphakia, pseudophakia lens? Yes No

EYE EXAMINATION

Vision without glasses	
Left	Right

Vision with glasses	
Left	Right

Visual Field	
Left	Right

SEROLOGY

THE ORIGINAL REQUIRED LAB REPORT WITH APPLICANT'S NAME AND DATE THE TEST WAS PERFORMED MUST BE SUBMITTED.

REQUIRED LAB REPORTS TO INCLUDE: HIV, Hepatitis B (Surface Antigen) and Hepatitis C (Antibody)

EXAMINING PHYSICIAN (MUST BE AN MD OR DO PHYSICIAN)

I have examined the above named subject and I HAVE HAVE NOT medically cleared to fight.

Remarks: _____

PHYSICIAN'S NAME / LICENSE # (PLEASE PRINT) SIGNATURE BY (MD or DO) ONLY DATE

STREET ADDRESS

CITY STATE ZIP CODE PHONE NUMBER

MEDICAL RELEASE AUTHORIZATION

APPLICANT:

I AUTHORIZE any physician to release to the Arizona State Boxing Commission any of my medical records in his/her possession. I also authorize the Arizona State Boxing Commission to release any medical information or other personal information with respect to my status and licensure as a professional boxer or unarmed combatant which may be contained in any of its records to other State Commissions.

I agree that a photographic copy of this authorization shall be valid as the original.

I agree that this authorization will be valid for a period of one year from the date indicated in this document.

NAME OF APPLICANT (PLEASE PRINT) APPLICANT'S SIGNATURE DATE

ARIZONA BOXING AND MIXED MARTIAL ARTS COMMISSION

OPHTHALMOLOGICAL EXAM

REPORT OF EYE EXAMINATION FOR
PROFESSIONAL BOXER/UNARMED COMBATANT
TO BE PERFORMED
BY AN OPHTHALMOLOGIST

Last Name _____ First Name _____ Middle _____ Date of Birth _____

Street Address _____ City _____ State _____ Zip _____

Boxer Boxing Record: _____ MMA Fighter: MMA Record: _____

HISTORY

If possible provide the following information:

Name and hometown of physician in charge: _____

Has applicant ever had any of the following conditions:

1. Blurred vision Yes No
2. Surgical procedures done to his/her eye(s) or the tissues around the eye other than simple sutures of the skin around the eye? Yes No
3. Has applicant ever been informed by a physician that he/she had significant eye problems such as retinal detachment, retinal tear, primary or secondary glaucoma, aphakia, pseudophakia, dislocated lens, or cataract? Yes No
If yes, please explain: _____

4. Eye disease: Yes No List nature of disease: _____
5. Eye injury: Yes No List nature of injury: _____
6. Detached retina surgery on either eye: Yes No
List which eye and when and where surgery was done: _____

EXAMINATION

VISION:	Without	With Glasses
Right		
Left		

REFRACTION: If either eye is 20/40 or worse:							
Right		Sph		Cyl x		Acuity	
Left		Sph		Cyl x		Acuity	

Intraocular Tension Right _____ mmHg
 Tension Left _____ mmHg
 Motility Normal _____ Abnormal _____
 Binocular Vision Normal _____ Abnormal _____

Remarks: _____

SLIT LAMP EXAM

	NORMAL		ABNORMAL	
	Right	Left	Right	Left
Conjunctiva	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cornea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Iris/Pupil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eyelids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIFIC ABNORMALITIES

Conjunctiva _____
 Cornea _____
 Iris/Pupil _____
 Lens _____
 Eyelids _____

INDIRECT OPHTHALMOSCOPY WITH SCLERAL DEPRESSION (Dilated Pupil)

	NORMAL		ABNORMAL	
	Right	Left	Right	Left
Disc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Macula	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vessels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peripheral Retina	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIFIC ABNORMALITIES

Disc _____
 Macula _____
 Vessels _____
 Peripheral Retina _____

THE COMMISSION WILL ONLY ACCEPT ORIGINAL EXAM SIGNED AND DATED BY OPHTHALMOLOGIST

OPHTHALMOLOGICAL EXAM

PAGE 2

The Commission shall deny, suspend, revoke, or place restrictions on the license of a professional boxer or martial arts fighter because of a medical or visual condition, (The Commission may also place restrictions for the same medical conditions on all amateur combatants under its jurisdiction) including but not limited to the following:

1. Uncorrected visual acuity of less than 20/200 in either eye or 20/60 with both eyes;
2. Corrected visual acuity of less than 20/60 in either eye, regardless of its cause;
3. A visual field of 60 degrees or less extending over one or more quadrants of the visual field;
4. Presence or history of retinal detachment or retinal tear unless treated by an ophthalmologist and then approved by an ophthalmologist specified by the Commission who then assesses that the boxer is at no significant risk of further injury to the retina if boxing is resumed. Such assessment shall occur both within five days before and five days after the contest;
5. Presence of primary or secondary glaucoma, whether or not such condition has been treated;
6. Presence of aphakia, pseudophakia, dislocated lens or cataract in either eye;
7. Any other visual condition which the Commission determines would prevent the applicant or licensee from safely engaging in boxing activities.

The examining physician is requested to mail a copy of any report, directly to the Commission of an applicant that has a condition that may preclude him/her from being licensed or cleared to participate in boxing activities.

REPORT OF EYE EXAMINATION FOR PROFESSIONAL BOXER / UNARMED COMBATANT BY AN OPTHALMOLOGIST

OPHTHALMOLOGIST REMARKS:

EXAMINATIONS BY AN OPTOMETRIST WILL NOT BE ACCEPTED

OPTOMETRISTS PLEASE DO NOT COMPLETE EYE EXAMINATION

OPHTHALMOLOGIST:

I have read the above criteria and, in accordance with the vision requirements as stated therein, have examined the applicant named on page one of this form and

I HAVE HAVE NOT medically cleared him/her to compete as a licensed boxer/unarmed combatant.

LICENSED OPTHALMOLOGIST NAME AND LICENSE NUMBER (please print)

OPHTHALMOLOGIST SIGNATURE

STREET ADDRESS

DATE

CITY

STATE

ZIP CODE

() _____
PHONE NUMBER

APPLICANT:

SIGNATURE OF CONTESTANT

DATE

NAME PRINTED

PHONE NUMBER

ANY ATTEMPT TO ALTER OR FALSIFY THIS DOCUMENT WILL RESULT IN FORFEITURE OF LICENSE AND/OR PROSECUTION IN A CRIMINAL COURT OF LAW.