COLOR PHOTO
(passport type)

ASSOCIATION OF BOXING COMMISSIONS
MIXED MARTIAL ARTS
NATIONAL IDENTIFICATION CARD

APPLICATION FORM

ID #: _____

DATE ISSUED: _____

ISSUING COMMISSION: _____

EXP. DATE: _____

FIRST NAME: _____ LAST NAME_____MIDDLE NAME:_____

DATE OF BIRTH: ____/___/__|__ SOC SEC #: _____-____-_____

ADDRESS: _____ CITY: _____ STATE/PROVINCE:_____ ZIP: _____

HEIGHT: _____ WEIGHT: _____ COLOR OF HAIR: _____ COLOR OF EYES: _____

HOME PHONE: (_____) _____ E-MAIL ADDRESS: _____

BIRTHMARKS, SCARS OR TATTOO'S:_____

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.

Fee for national Id is $20. Make checks payable to: State of Wisconsin - DSPS

_____ _____ _____ _____
Applicant's Signature Date Commission Representative Date

revised: 09/29/2008