

ASSOCIATION OF BOXING COMMISSIONS
MIXED MARTIAL ARTS
NATIONAL IDENTIFICATION CARD
APPLICATION FORM

ID #: _____
DATE ISSUED: _____
ISSUING COMMISSION:
Oregon State Athletic Commission
EXP. DATE: _____
For Official Use Only

LAST NAME: _____ FIRST NAME _____ MIDDLE _____

DATE OF BIRTH: ___/___/___ SOC SEC #: _____-_____-_____

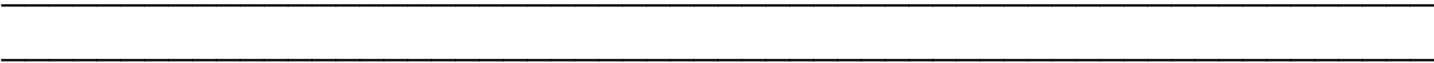
ADDRESS: _____ CITY: _____ STATE/PROVINCE: _____ ZIP: _____

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

CONTACT PHONE: (____) _____ E-MAIL ADDRESS: _____

YEARS OF EXPERIENCE/TRAINING: _____ NUMBER OF AMATEUR FIGHTS: _____ NUMBER OF PRO FIGHTS: _____

Experience/Background (How have you prepared for MMA competition?):



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.
3. Two color (passport type) photos must be submitted with the completed application form. Or, a passport type photo may be sent via email to the following address: OSAC@osp.state.or.us (Applicant should put his/her name in email subject line.)
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 Date Commission Representative Date

Revised: May 9th, 2012

Submit Application to:
Oregon State Athletic Commission
4190 Aumsville Hwy SE
Salem, OR 97317
FAX: 503-378-6878