



# 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

- Boxers must apply for Boxer Federal ID card in the state in which he/she is a resident.
- 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.**
- Boxer understands that he/she will not be allowed to fight without a Boxer Federal ID Card.
- Any false or misleading statements on this application may result in the Boxer being placed on the National Suspension list.
- The ABC reserves the right to amend these terms and conditions.
- 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.
- 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 \_\_\_\_\_

Send completed form to:  
Pete Suazo Utah Athletic Commission  
Utah Sports Authority  
Governor's Office of Economic Development  
324 South State Street, Ste 500  
Salt Lake City, UT 84111