



# **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**

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 of 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

## FIGHTER SUSPENSION POLICY

The following are minimum suspensions for fighters in North Carolina. The Boxing Authority Office or fight doctor may increase suspension lengths as deemed appropriate.

- 1) TKO=30 days                      KO=60 days
- 2) 2<sup>nd</sup> TKO/KO in 12 months by head blows= 120-180 days
- 3) 2<sup>nd</sup> TKO/KO in 12 months **AND** fighter has a losing record= 180 days
- 4) TKO/KO **AND** fighter has lost 3 or more of the last 5 fights in 1<sup>st</sup> round = 180-365 days

## HIGH RISK FIGHTER CATEGORY

Fighters designated "HIGH RISK" must provide the following medical tests to the Boxing Authority Office for approval prior to being approved to compete in the state of North Carolina.

- 1) MRI (Magnetic Resonance Imaging)
- 2) Complete Neurological Examination by a Neurologist
- 3) Overall physical by General Practitioner
- 4) If the fighter is age (40) or older, a cardiac exam, chest x-ray and ophthalmological examination.

A fighter is designated "HIGH RISK" if one of the following criteria apply.

- 1) 40 years of age or older
- 2) Has 6 consecutive losses or three consecutive losses by TKO or KO in the 1<sup>st</sup> round.
- 3) Has lost more than 25 total fights
- 4) Has a career duration of more than 350 rounds
- 5) Has suffered a severe concussion (grade 3), difficulty in a bout or when the ring physician recommends more medical tests.
- 6) Has been inactive for 30 or more months.

**Signature of Fighter** \_\_\_\_\_ **Date** \_\_\_\_\_