



ASSOCIATION OF BOXING COMMISSIONS

Boxers Federal Identification Card Application

****Must include copy of Driver's License / Social Security Card / Two pictures**

FEDERAL ID # _____ **EXPIRATION DATE** _____

FULL NAME _____
First Middle Last

DATE OF BIRTH _____ **SOCIAL SECURITY** _____
Month Day Year

PLACE OF BIRTH _____
Country City State

CURRENT ADDRESS

Street City Country Zip Code

HEIGHT: _____ **WEIGHT:** _____ **STANCE: RIGHT** _____ **LEFT** _____

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

Other CHARACTERISTICS: (tattoos, scars, etc) _____

TERMS AND CONDITIONS

1. Boxers must apply for Boxer Federal ID card in the state in which he/she is a resident.
2. Boxer must have Boxer Federal ID card by July 1, 1977 for fights to be recorded and acknowledged by the A.B.C.
3. Boxer Federal ID card will not be issued unless an accurate and truthful completed application for A.B.C. Boxer Federal ID Card, **two passport photos and two forms of ID**
4. Boxer understands the he/she will not be allowed to fight without a Boxer Federal ID Card
5. Any false or misleading statements on this application may result in the Boxer being placed on the National Suspension list
6. The A.B.C. reserves the right to amend these terms and conditions
7. Boxer understands that the A.B.C. with the cooperation with the State Boxing Commission who 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 A.B.C. and the State Boxing Commission who issued the 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 American Boxing Commissions (ABC). If I have made a false or misleading statement about an important matter in this application the ABC at any time thereafter may place me on suspension for one year. I acknowledge that I have read the terms and conditions of the Association of Boxing Commissions (ABC) Boxer Federal Identification Card and agree to adhere to them.

Applicant's Signature _____ Date _____

Commission Representative _____ Date _____