



## APPLICATION FOR CONTESTANT LICENSE OR RELICENSURE

AUTHORITY: 2004 PA 403 as amended, MCL 338.3434a, AND 42 USC 654

PENALTY: FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN DENIAL OF THE APPLICATION AND/OR DISCIPLINARY ACTION.

Name (First, Middle, Last)				
Date of Birth	U.S. Social Security Number	Federal/National ID # (if applicable)	Permanent ID # (if applicable)	
Address		City		
State	Zip Code	Telephone Number	E-Mail Address	
FEE PAYMENT INFORMATION (Check One Box)			FOR OFFICE USE ONLY	
<p><b>Professional MMA</b></p> <p>New License \$90.00 (1514-01=\$45.00) (1514-07=\$45.00)      Relicensure \$120.00 (1514-06=\$120.00)</p> <p>New License + National ID \$110.00 (1514-01=\$45.00) (1514-07=\$45.00) (1514-52=\$20.00)      National ID Card \$20.00 (1514-52=\$20.00)</p> <p><b>Professional Boxing</b></p> <p>New License \$90.00 (1502-01=\$45.00) (1502-07=\$45.00)      Relicensure \$120.00 (1502-06=\$120.00)</p> <p>New License + Federal ID \$110.00 (1502-01=\$45.00) (1502-07=\$45.00) (1502-52=\$20.00)      Federal ID Card \$20.00 (1502-52=\$20.00)</p> <p><b>Amateur MMA</b></p> <p>New License \$90.00 (1504-01=\$45.00) (1504-07=\$45.00)      Relicensure \$120.00 (1504-06=\$120.00)</p> <p>New License + National ID \$110.00 (1504-01=\$45.00) (1504-07=\$45.00) (1504-52=\$20.00)      National ID Card \$20.00 (1504-52=\$20.00)</p> <p><b>Reinstatement: (Only if license is currently suspended or revoked)</b></p> <p>Professional MMA \$45.00 (1514-50=\$45.00)      Amateur MMA \$45.00 (1504-50=\$45.00)</p> <p>Professional Boxing \$45.00 (1502-50=\$45.00)</p>			<p>License Number</p> <hr/> <p>Approved By: _____ Date Approved: _____</p>	
Make your check or money order in U.S. Currency payable to:				
<b>STATE OF MICHIGAN</b>				
FEES ARE AUTHORIZED UNDER 2004 PA 403, as amended.				

I hereby certify that \_\_\_\_\_ has passed a physical on \_\_\_\_\_ consistent with  
Applicant's Name Date  
the Unarmed Combat Regulatory Act and Rules, 2004 PA 403, as amended, and is fit to compete.

\_\_\_\_\_  
Signature of licensed physician (MD or DO ONLY)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of above signature

### Required Additional Documentation

CHECK ONE OF THE FOLLOWING (if applicable):

#### Boxing - Professional

Professional Boxing Applicants:

Do you have a minimum of 7 amateur contests or 28 amateur rounds? Yes No

Do you have an active professional boxing license in another state, country or tribal nation? Yes No

If "Yes", list state, country or tribal nation \_\_\_\_\_

If applying for an Association of Boxing Commissions Boxer federal ID number, you will need to submit a copy of any of the following identification:

- Driver's license
- State/province issued identification
- Birth certificate

#### MMA - Amateur and Professional

Professional MMA Applicants:

Do you have a minimum of 5 sanctioned amateur contests? Yes No

Do you have an active professional mixed martial artist license in another state, country or tribal nation? Yes No

If "Yes", list state, country or tribal nation \_\_\_\_\_

If applying for an Association of Boxing Commissions Mixed Martial Arts national ID number, you will need to submit a copy of two forms of identification with at least one being:

- Driver's license
- Government issued passport
- State/province issued identification

If applying in person at 2501 Woodlake Circle, Okemos, MI 48864, your picture will be taken. If applying by mail, a selfie head-shot photo can be e-mailed to CSCLonline@michigan.gov. Photos should be from the shoulders up, with no hat or head cover.

If you checked one of the boxes on page 2 and are applying for either a Boxer Federal ID number or a MMA National ID number complete the following:

Height	Weight	Hair Color	Eye Color
Birthmarks/Scars/Tattoos			Stance ___ Right OR ___ Left
Pro Experience Record ___ Wins ___ Losses		Amatuer Experience ___ Wins ___ Losses	
Place of Birth: Country, City, State			

**Certification**

I certify that the statements in this document are true and complete. I understand that any omitted statement, misrepresentation, or fraud may be cause for denial of my application, disciplinary action, or may be punishable by law. I agree the Department is required by law to obtain my social security number pursuant to MCL 338.3434a.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**HEALTH AND SAFETY DISCLOSURE**

As per the Muhammad Ali Boxing Reform Act (federal law), all commissions must present to every professional boxer, a medical disclosure upon the issuance of a Federal Identification Card.

As a professional boxer you should be aware that this sport includes many health and safety risks, particularly the risk of brain injury. Therefore, it is strongly recommended that a professional boxer undergo the necessary medical exams that would detect any possible brain injury. If you need further information about these exams, please contact a physician or a state or tribal athletic commission.

I affirm that I understand the above statement.

\_\_\_\_\_  
Boxer's Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Boxer's Signature