



## APPLICATION FOR FEDERAL ID-BOXING

<b>Application Fee: \$20</b> <b>Renewal Fee: \$15</b>  <b>APPLICATION FEE IS NON-REFUNDABLE</b>	<i>For Office Use Only</i>  Receipt # _____  Date Cashiered: _____	<i>For Office Use Only</i>    <b>Date Received</b>
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All items in this application are mandatory. If not applicable, use N/A. Failure to provide any of the requested information will delay the processing of your application. The applicant shall send via email to [boxing@health.ok.gov](mailto:boxing@health.ok.gov) the completed federal ID application, a recent color photo and 2 forms of governmental identification (social security card, passport, Student ID, military ID, green card). Non-U.S citizens are required to provide a copy of a current passport. The applicant shall mail payment in the form of a check or money order to the Oklahoma State Athletic Commission, 123 Robert S Kerr, Oklahoma City, OK 73102.

### SECTION 1: PERSONAL INFORMATION

<b>First Name</b>		<b>Middle Name</b>		<b>Last Name</b>	
<b>SSN/ITIN</b>		<b>Telephone Number</b> (   )   -		<b>Email Address</b>	
<b>Place of Birth (Country)</b>		<b>Place of Birth (City)</b>		<b>Place of Birth (State)</b>	
<b>Residence Address</b>		<b>City</b>		<b>State</b>	
<b>Zip</b>		<b>Height</b> _____ Ft. _____ In.		<b>Weight</b> _____ pounds	
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		<b>Date of Birth</b> (MM / DD / YYYY)		<b>Reach (if known)</b> _____ In.	
<b>Stance(check only 1)</b> <input type="checkbox"/> Left <input type="checkbox"/> Right		<b>Hair Color</b> _____		<b>Eye Color</b> _____	

### SECTION 2: APPLICATION TYPE

<b>Application type:</b> ORIGINAL: <input type="checkbox"/> RENEWAL: <input type="checkbox"/> Federal ID#: _____
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### SECTION 3: WEIGHT CLASS

<i>Please specify the Weight Class you INTEND to compete in:</i>			
<input type="checkbox"/> Strawweight/Mini Flyweight	through 105 lbs.	<input type="checkbox"/> Super Lightweight/Junior Welterweight	135.1-140 lbs.
<input type="checkbox"/> Light Flyweight/Junior Flyweight:	105.1-108 lbs.	<input type="checkbox"/> Welterweight	140.1-147 lbs.
<input type="checkbox"/> Flyweight	108.1-112 lbs.	<input type="checkbox"/> Super Welterweight/Junior Middleweight	147.1-154 lbs.
<input type="checkbox"/> Super Flyweight/Junior Bantamweight	112.1-115 lbs.	<input type="checkbox"/> Middleweight	154.1-160 lbs.
<input type="checkbox"/> Bantamweight	115.1-118 lbs.	<input type="checkbox"/> Super Middleweight	160.1-168 lbs.
<input type="checkbox"/> Super Bantamweight/Junior Featherweight	118.1-122 lbs.	<input type="checkbox"/> Light Heavyweight	168.1-175 lbs.
<input type="checkbox"/> Featherweight	122.1-126 lbs.	<input type="checkbox"/> Cruiserweight	175.1-195 lbs.
<input type="checkbox"/> Super Featherweight/Junior Lightweight	126.1-130 lbs.	<input type="checkbox"/> Heavyweight	195.1 lbs. +
<input type="checkbox"/> Lightweight	130.1-135 lbs.		

**SECTION 4: TRAINER OR MANAGER CONTACT**

Manager Name:	Email or Phone Number:
Trainer Name:	Email or Phone Number:

**SECTION 5: EXPERIENCE**

<b>Amateur Experience:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Amateur Record (If turning Professional)</b> <b>Wins</b> _____ <b>Losses</b> _____	<b>Professional Record</b> <b>Wins</b> _____ <b>Losses</b> _____
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**SECTION 6: TERM AND CONDITIONS**

- Boxers must apply for a Boxer Federal ID card in the state in which he/she is a resident, if the state has a Commission or where the Boxer's first bout in the United States is scheduled to occur.
- Boxers Federal ID card will not be issued unless an accurate and truthful completed application for ABC Boxer Federal ID card, photo and two forms of identification are submitted.
- Boxer understands that he/she will not be allowed to fight without a Boxer Federal ID.
- Any false or misleading statements on this application may result in the Boxer being placed on the National Suspension list.
- The use of performance enhancing drugs may result in the Boxer being placed on the National Suspension list.
- Boxer agrees that the following entities have the authority to place Boxer on the National Suspension list with cause and subject to due process. (a) The Commission issuing this Boxer Federal ID (b) Any Commission under whose jurisdiction an alleged rules violation has occurred if the Boxer is scheduled to fight in that jurisdiction (c) the ABC.
- Boxer understands that the ABC with the cooperation of the Boxing Commission that issued the Boxer Federal ID card will settle any disputes or violations of the terms and conditions for these ID's.
- Boxer agrees to abide by the terms and conditions and any other rules set forth by the ABC and/or the Boxing Commission that issued the Boxer Federal ID.
- The ABC reserves the right to amend these terms and conditions.

I solemnly swear (of 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:** \_\_\_\_\_

**SECTION 7: ASSOCIATION OF BOXING COMMISSIONS HEALTH AND SAFETY DISCLOSURE**

As per the Muhammad Ali Boxing Reform Act (federal law), each Commission must present to every professional boxer, a medical disclosure upon issuance of an ABC Boxer Federal Identification card. As a professional boxer you should be aware that this is a sport that 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 can detect brain injury. If you need further information about these exams, please contact your local Commission.

I affirm that I understood the above statement.

**Applicant's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The applicant shall send via email to [Boxing@health.ok.gov](mailto:Boxing@health.ok.gov) the completed federal ID application, a recent color photo and 2 forms of governmental identification (social security card, passport, Student ID, military ID, green card). Non-U.S citizens are required to provide a copy of a current passport. The applicant shall mail payment in the form of a check or money order to the Oklahoma State Athletic Commission, 123 Robert S Kerr, Oklahoma City, OK 73102



## The Professional Boxers “Bill of Rights”

1. You have the right to be treated in a professional manner and to be fully informed about all aspects of your sport.
  2. You have the right to have all terms of any contract with a promoter or manager in writing.
  3. You have the right to have all contracts read and explained to you, either by the local commission representative or anyone of your choosing (including an attorney).
  4. Before any bout you have a right to know your opponent’s name, their record, the weight class of the bout, the number of rounds of the bout, and the amount of your purse, including any travel or training expenses. To check on any boxers’ record, including your own, consult BoxRec.com.
  5. You have a right to review, obtain and keep copies of any of your contracts.
  6. You have a right to directly receive any and all payments from a bout as set forth in your bout agreement.
  7. You have the right to receive a written, post bout accounting from either the promoter or your manager or both, which shows how the total amount of your purse was distributed. If you have any deductions taken from your purse you have the right to ask for a written accounting of what these deductions were, and why they were deducted from your purse
  8. You have a right to have a doctor at ringside at all times as well as emergency medical personnel and / or an ambulance present at the location at all times.
  9. You have a right to have medical insurance to cover any injuries resulting from a bout and to know the name of the insurance company and the amount of coverage that is being provided.
  10. You have the right to hire individuals of your choice to serve as your managers, trainers or seconds. You are not required to hire any individual in order to obtain a bout.
  11. You have a right to know why your ranking with any sanctioning body has changed and the reasons for this change. This may be done by writing to the organization and requesting why your ranking has been changed. The organization must respond to you, in writing, within (7) days.
  12. You have a right to appeal any and all suspensions and to be informed on exactly why you were suspended and the length of your suspension. To check if you are on the National Suspension List just go onto the Internet at [www.boxrec.com](http://www.boxrec.com).
  13. You have a right to contact your local commission or the Association of Boxing Commissions to report any violations, ask any questions or seek any advice.
- \*\* You as a Boxer should get a copy of and *read* the two federal boxing bills that detail many of your rights and responsibilities as a professional boxer.

These two bills are:

[The Professional Boxing Safety Act of 1996](#) and the [Muhammad Ali Act of 2000](#)