



New York State Athletic Commission

New York State
Department of State
State Athletic Commission
123 William Street
New York, NY 10038-3804
Telephone: (212) 417-5700
www.dos.ny.gov/athletic

National Mixed Martial Arts Identification Application

Select Type (Check one only): Professional Amateur

To apply for an ASSOCIATION OF BOXING COMMISSIONS Mixed Martial Arts National Identification Card please complete the following:

FIRST NAME: _____ LAST NAME: _____ MIDDLE: _____

DATE OF BIRTH: ____/____/____ LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HEIGHT: _____ WEIGHT: _____ HAIR COLOR: _____ EYE COLOR: _____

ALSO KNOWN AS: _____

PHONE (____) _____ E-MAIL ADDRESS: _____

BIRTHMARKS, SCARS OR TATTOOS: _____

TERMS AND CONDITIONS:

1. Illegible applications will not be accepted. PLEASE PRINT LEGIBLY.
2. The first and last name supplied must match the identification of the applicant. Additional names should be included in the Also Known As line.
3. National MMA ID Card will not be issued unless an accurate and truthful application form is completed in its entirety. Incomplete forms will not be accepted.
4. A color photo including a true likeness of the applicant must be included with the application. The photo shall be of "Passport" type including a clear image with a blank background. No glasses, hats, or other adornments that will obstruct the view of the applicant. (Color digital photos are acceptable).
5. Two forms of valid identification (of which one must include a photo of the applicant) must be included with the application (color digital copies are acceptable). Accepted forms of identification will include; but not be limited to driver's license, passport, state issued identification, etc.
6. The applicant understands that s/he will not be permitted to compete without a National MMA ID Card.
7. The applicant understands that the ABC in cooperation with the State Athletic Commission will settle any and all disputes with regards to violations of these terms and conditions for the National MMA ID Card. The ruling of the ABC is final and binding on all parties.
8. The applicant agrees to abide by these and any other terms and conditions, rules and regulations set forth by the ABC and the State Commission.
9. The applicant understands and agrees that the ABC reserves the right to amend the terms and conditions for issuing the National MMA ID Card.

I certify that I have read and understand the terms and conditions pertaining to the application for a National MMA ID Card, that all information given is my own, is true and correct to the best of my knowledge. I further understand and agree that false, misstatements or incomplete information on the application will constitute grounds for revoking or denial of the National MMA ID Card, and subject me to a one year suspension at the discretion of the ABC or the State Commission.

APPLICANT SIGNATURE: _____ DATE: _____

PARENTAL/LEGAL GUARDIAN CONSENT (FOR MINORS):

I, _____ [Parent/Legal Guardian], under the penalty of perjury pursuant to NY General Business Law §1007(2) and NY Penal Law §210.45, consent to the within application for a National MMA ID Card and agree to all the terms and conditions.

It is a crime punishable as a class A Misdemeanor under the laws of the State of New York, for a person, in and by a written instrument, to knowingly make a false statement, or to make a statement which such a person does not believe to be true.

PARENTAL/GUARDIAN SIGNATURE: _____ DATE: _____

Email completed applications and supporting documents to NYSAC@DOS.NY.GOV.

Upon approval of application the applicant will be issued a National ID Number and will be included in the ABC National MMA Database Registry operated by Mixed Martial Arts LLC. A digital copy of the issued MMA ID will be emailed to the email address provided. Please allow 2 to 4 weeks for processing.

NYSAC use only

_____ MMA ID#

_____ Expiration Date