

# Kentucky Boxing and Wrestling Commission

656 Chamberlin Avenue, Suite B  
Frankfort, Kentucky 40601



Email: KBWC@ky.gov

Phone: (502) 564-0085

Fax: (502) 696-3938

## **BOXING FEDERAL ID APPLICATION:** **APPLICATION INFORMATION SHEET / CHECKLIST**

**Description:** This form is used to obtain a Federal ID Card for Professional Boxing. Federal law requires obtaining this ID before being approved to compete in professional boxing. Obtaining a Federal ID **does not** mean you are qualified to participate in professional boxing. It is only to verify your identity and that you are registered with the Boxing National Registry. Once this ID is issued you are no longer eligible to compete in amateur combat sports. Please make sure you have finished your amateur career before submitting this application.

- Eighteen (18) years of age or older.
- Must be a Kentucky Resident. Must include a copy of your KY issued driver's license or ID.
- Complete the Federal ID Application Form
- Include a copy of your amateur record (USA Boxing Passport)
- Email a headshot photo to [KBWC@ky.gov](mailto:KBWC@ky.gov)
- Application fee is \$10 paid via Check or Money Order please do not mail CASH
- Mail completed application and all required documents to the address above

Once all required documents are received and verified the ID will be processed and mailed to you. Please complete this process at least 15 days prior to any scheduled event.

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## Boxer's Federal Identification Card Application

FEDERAL ID # \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

FULL NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SOCIAL SECURITY \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Month Day Year First Middle Last

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 \_\_\_\_\_

(OVER)

## TERMS AND CONDITIONS

1. Boxers must apply for a Federal Identification Card ("Federal ID Card") in the state in which the boxer resides.
2. A Federal ID Card will not be issued unless an accurate and truthful completed application for Boxer Federal ID Card is submitted.
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 Association of Boxing Commissions ("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.

## HEALTH AND SAFETY DISCLOSURE

The federal Muhammad Ali Boxing Reform Act requires each boxing commission to present to every professional boxer a medical disclosure upon 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 and frequency of brain injury. Therefore, it is strongly recommended that a professional boxer undergo the necessary medical exams that detect brain injury. If you need further information about these exams, please contact the Kentucky Boxing and Wrestling Commission.

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I solemnly swear (or affirm) that the statements made on this application are true and that the photograph submitted as part of this application is a true likeness of me. By signing this application, I agree to be bound by the rules and regulations of the ABC and, when in Kentucky, the Kentucky Boxing and Wrestling Commission ("KBWC"). If I make a false or misleading statement in this application, the ABC and the KBWC at any 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 and KBWC Boxer Federal Identification Card.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date