



ASSOCIATION OF BOXING COMMISSIONS (ABC)

Boxer's Federal Identification Card Application

FEDERAL ID # _____ EXPIRATION DATE _____

FULL NAME _____
First Middle Last

DATE OF BIRTH _____ / _____ / _____ SOCIAL SECURITY _____ - _____ - _____
Month Day Year

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 _____

TERMS AND CONDITIONS

1. Boxers must apply for Boxer Federal ID card in the state in which he/she is a resident.
2. Boxer Federal ID card will not be issued unless an accurate and truthful completed application for ABC Boxer Federal ID Card, **must bring Georgia Drivers License, Original Social Security Card, Birth Certificate, and \$20 cashiers check or money order to 2 Martin Luther King Jr Dr Atlanta, GA 30334 Suite 814 West Tower.**
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 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.

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 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 _____

Commission Representative _____ Date _____



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 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 detect brain injury. If you need further information about these exams, please contact the Missouri Office of Athletics or your local boxing commission.

I affirm that I understand the above statement.

Signature of Boxer

Date

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Association of Boxing Commissions

Uniformity – Professionalism – Consistency

**The Association of Boxing Commissions and the National Association of Attorneys General
“Boxing Task Force”**

PRESENT



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 opponents 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, contact (Fight Fax) at 856-396-0533.
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 mangers, 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 <http://www.sportsnetwork.com/> and click onto Suspensions (a fee applies).
13. You have a right to contact you 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

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