

# BOXER/MIXED MARTIAL ARTS LICENSE APPLICATION

State of Ohio Athletic Commission 242 Federal Plaza West Suite 405 Youngstown, OH 44503 Office: 330-797-2556 Fax: 330-797-2559 www.aco.ohio.gov	<b>OFFICE USE ONLY</b> <input type="checkbox"/> NEW <input type="checkbox"/> RENEW License Number: Expiration Date: Check Number Receipt Number
(Submit a passport photo) <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	

<input type="checkbox"/> <b>Boxer \$20.00</b>	<input type="checkbox"/> <b>Mixed Martial Arts \$20.00</b>	<input type="checkbox"/> <b>Amateur MMA \$20.00</b>
Name: ( Last, First, Middle)	Ring Name:	Social Security Number:
Address: Number and Street	City	State      Zip
Federal ID or Nat'l ID #	Date of Birth	Home Phone:
		Cell Phone:
		Email Address:
Have you ever been suspended <input type="checkbox"/> Yes <input type="checkbox"/> NO	If YES: State when, where and type of suspension	
Have you ever been licensed in another state(s) <input type="checkbox"/> Yes <input type="checkbox"/> NO	If YES: which state(s)	
Have you ever been convicted of a crime other than a traffic offense: <input type="checkbox"/> Yes <input type="checkbox"/> NO	If Yes: Where and what was the charge(s):	

<b>MEDICAL INFORMATION:</b>	
Date of last complete medical examination other than pre-fight examination:	Which state was this examination taken:
	Does this state meet Ohio standards: <input type="checkbox"/> Yes <input type="checkbox"/> NO <input type="checkbox"/> Unknown
Have you ever had a brain Cat scan or MRI exam? <input type="checkbox"/> Yes <input type="checkbox"/> NO If yes, date:	<b>All Boxers competing in 10 rounds or more and ALL Contestants who are 35 and over must show proof of Cat Scan with Contrast given within the past 3 years or MRI/MRA Exam given within the past five (5) years, or whenever required by the commission, the executive director or a physician. ALL Contestants 39 and over must produce MRI/MRA, Echo Cardiogram with cardio clearance, metabolic blood profile and chest X-ray given within 2 years.</b>

**POLICY FOR OUT OF STATE BOXERS and MMA CONTESTANTS:**

1. The burden is on the contestant to establish that when using any other state physical exam, that those requirements are as stringent as those required by the State of Ohio.
2. If the current out of state physical exam is accepted the Ohio license will expire in ninety (90) days.
3. The fee is the same as required for an Ohio License

I hereby verify that the information on this license application is TRUE. I further agree that the Ohio Athletic Commission may use any film, photograph or other material in which I appear as the Ohio Athletic Commission in its sole discretion deems appropriate.

*Signature:(Application must be signed for license to be valid)	Date:	<b>Make checks payable Treasurer State of Ohio</b>
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