COLOR PHOTO
Clean background
Approx. 2"x2" Chest to top of head

Email to:
osac@osp.oregon.gov

ASSOCIATION OF BOXING COMMISSIONS
PROFESSIONAL BOXING
NATIONAL IDENTIFICATION CARD
APPLICATION FORM

ID#: _____

DATE ISSUED: _____

ISSUING COMMISSION:
Oregon State Athletic Commission

EXP. DATE: _____

For Official Use Only

LAST NAME: _____ FIRST NAME: _____ MIDDLE: _____

DATE OF BIRTH: ___/___/_____ SOC SEC#: _____
(mm/dd/yyyy)

ADDRESS: _____ CITY: _____

STATE / PROVINCE: _____ ZIP: _____

HEIGHT: ___ FT ___ IN WEIGHT: _____ Lbs, HAIR COLOR: _____ EYE COLOR: _____

HOMEPHONE: (___) _____ - _____ E-MAIL ADDRESS: _____

YEARS OF EXPERIENCE: ____ NUMBER OF AMATEUR FIGHTS: ____ NUMBER OF PROFESSIONAL FIGHTS: ____

TERMS AND CONDITIONS:

1. Applicant must apply for National MMA ID Card in the state/province in which he/she is a resident.
2. 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 and will be returned to applicant for completion.
3. Two color (passport type) photos must be submitted with the completed application form or a quality digital photo may be submitted electronically to: osac@osp.oregon.gov
4. Two forms of identification must be presented at the time of application and must also include a color photo of the applicant. Accepted forms of identification will include, but not be limited to driver's license, passport, state/province issued identification or any other form of identification accepted by issuing Commission.
5. Applicant understands that he/she will not be allowed to compete without a National MMA ID Card.
6. Applicant understands that the ABC in cooperation with the issuing 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.
7. Applicant agrees to abide by these and any other terms and conditions, rules and regulations set forth by the ABC and the issuing Commission.
8. 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 any 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 issuing Commission.

_____ _____ _____ _____
Applicant's Signature Date Commission Representative Date

Oregon State Athletic Commission
500 Airport Rd SE
Salem, OR 97301

revised: *01/14/2024*