

DIGITAL
COLOR PHOTO
Clean background
(Passport style)
Chest to top of head

Email to:
osac@state.or.us

**ASSOCIATION OF BOXING COMMISSIONS
MIXED MARTIAL ARTS
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@state.or.us
4. Two forms of identification must be presented at the time of application and must 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
4190 Aumsville Highway SE.
Salem, OR 97317**