

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 Website: www.aco.ohio.gov	OFFICE USE ONLY <input type="checkbox"/> NEW <input type="checkbox"/> RENEW License Number: Expiration Date: *APPLICANT MUST BE 18 OR OLDER
---	---

(Submit a passport size photo) MALE FEMALE Address listed below will be official address for all certified mailing from Ohio Athletic Commission. Any address change is the responsibility of licensee.

Boxer \$30.00 Mixed Martial Arts \$30.00 Amateur MMA \$30.00

Name: (Last, First, Middle)	Ring Name:	Social Security Number: XXX - XX -
------------------------------	------------	---------------------------------------

Address: Number and Street	City	State	Zip
----------------------------	------	-------	-----

Federal or National 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):
---	---

MEDICAL INFORMATION: Check with Office or website for ALL REQUIRED MEDICALS

Date of last complete medical examination other than pre-fight examination:	Which state was this examination given:
---	---

Have you ever had a brain Cat scan or MRI exam? <input type="checkbox"/> Yes <input type="checkbox"/> NO If yes, date:	All Boxers competing in 10 rounds or more, ALL Contestants who are 35 and over, must show proof of MRI Exam given within five (5) years, ALL Contestants 39 and over must produce a complete physical with all medical history, a MRI/MRA Exam given within five (5) years, a Echo Cardiogram with cardio clearance, a metabolic blood profile, a dialated Ophthalmology eye exam and a chest X-ray given within 2 years. The commission, the executive director or a physician may request an updated MRI or MRI/MRA when required.
--	--

POLICY FOR OUT OF STATE UNARMED COMBAT SPORTS 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 medical exam requirements are accepted, the state of Ohio license will expire in ninety (90) days or less from date of issuance, determined by the expiration date of the medicals submitted.
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 or release any MEDICAL INFORMATION I have submitted or any film, photograph or other material in which I appear as the Ohio Athletic Commission in it sole discretion deems appropriate.

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