

**Boxing, Martial Arts, and Professional Wrestling Program**  
**WRESTLER/LIMITED WRESTLER LICENSE APPLICATION**  
**Fee \$40.00**

A check or money order payable to the **TREASURER OF VIRGINIA**,  
 or a completed [credit card insert](#) must be mailed with your application package.  
**APPLICATION FEES ARE NOT REFUNDABLE.**

Select the one method you are requesting for licensure:

X	License Type: Wrestler	Trans	Fee
<input type="checkbox"/>	4101 - Initial/First Virginia Wrestler License	1020	\$40.00
<input type="checkbox"/>	4101 - Renewal <u>prior</u> to Wrestler License Expiration	2020	\$40.00
<input type="checkbox"/>	4101 - Re-Issue of Expired Wrestler License	1020	\$40.00
	License Type: Limited Wrestler		
<input type="checkbox"/>	4121 - Virginia Limited (Temporary) Wrestler License	1020	\$30.00

1. Have you ever held a Professional **Wrestler/Limited Wrestler** License issued by the Virginia Department of Professional and Occupational Regulation?

No

Yes  If yes, provide your Virginia License number below:

Virginia License Number 

4	1								
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 Expiration Date \_\_\_\_\_

2. Full Legal Name (As it appears on your government issued ID or other legal documentation.)

\_\_\_\_\_ Last (required) \_\_\_\_\_ First (required) \_\_\_\_\_ Middle \_\_\_\_\_ Generation \_\_\_\_\_

3. Provide at least one of the following identification numbers\*:

**Social Security Number** and/or

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**Virginia** DMV Control Number

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➤ Enter the same identification number as used on examination, previous applications or licenses on file with the department.

\* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the **Virginia** Department of Motor Vehicles.

4. Date of Birth \_\_\_\_\_ (Must be at least 18 years of age.)

MM/DD/YYYY

5. Other/Alternative Name(s) \_\_\_\_\_

6. Mailing Address (PO Box accepted) \_\_\_\_\_

The mailing address will be printed on the license.

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

7. Street Address (PO Box not accepted)  Check here if Street Address is the same as the Mailing Address listed above.

**PHYSICAL ADDRESS REQUIRED**

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
				<b>41</b>		

8. Contact Numbers \_\_\_\_\_  
 Primary Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_ Fax \_\_\_\_\_

9. Email Address \_\_\_\_\_  
 Email address is considered a public record and will be disclosed upon request from a third party.

10. Limited (Temporary) Wrestler License applicants only.

➤ A limited license shall be valid only for the duration of one specifically identified event or two specifically identified events held on consecutive days at the same location.

Provide the following information for the event:

Date of Event \_\_\_\_\_

Location of the Event \_\_\_\_\_

11. Do you have any **current** or **previously held** boxing, martial arts or wrestling license, certification or registration issued by the Commonwealth of Virginia or any other jurisdiction?

No

Yes  If yes, complete the following table.

Type (Check <u>one</u> )	State/ Jurisdiction	License, Certification or Registration Number	Expiration Date
<input type="checkbox"/> Boxing <input type="checkbox"/> Martial Arts <input type="checkbox"/> Wrestling			
<input type="checkbox"/> Boxing <input type="checkbox"/> Martial Arts <input type="checkbox"/> Wrestling			
<input type="checkbox"/> Boxing <input type="checkbox"/> Martial Arts <input type="checkbox"/> Wrestling			

12. Have you ever suffered from a serious head injury or other serious physical injury?

No

Yes  If yes, attach any documentation (medical reports, etc.) explaining this situation.

13. Have you ever had a wrestler license **denied or suspended** for reason of medical safety when it was determined by competent medical examination that participation in a wrestling event would pose a risk to your health?

No

Yes  If yes, attach any documentation (medical reports, etc.) explaining this situation.

14. Has any (including Virginia) local, state or national regulatory body in any jurisdiction ever taken **disciplinary action** against you in connection with your participation in or promotion of professional athletic contests or activities including, but not limited to, monetary penalty, fine, suspension, revocation, or surrender of a license?

No

Yes  If yes, complete the [Disciplinary Action Reporting Form](#).

15. A. Have you ever been found **guilty** by the department or a court of competent jurisdiction **of any material misrepresentation** while engaged in boxing, martial arts, wrestling, or other athletic activities?

No

Yes  If yes, complete the [Criminal Conviction Reporting Form](#).

B. Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **felony**? *Any plea of nolo contendere shall be considered a conviction.*

No

Yes  If yes, complete the [Criminal Conviction Reporting Form](#).

C. Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **misdemeanor**? *Any plea of nolo contendere shall be considered a conviction.*

No

Yes  If yes, complete the [Criminal Conviction Reporting Form](#).

17. By signing this application, I certify the following statements:

- I am aware that submitting false information or omitting pertinent or material information in connection with this application will delay processing and may lead to license revocation or denial of license.
- I will notify the Board of any changes to the information provided in this application prior to receiving the requested license, certification, or registration including, but not limited to any disciplinary action or conviction of a felony or misdemeanor (in any jurisdiction).
- I authorize the Department to verify information concerning me or any statement in this application from any person, or any source the department may contact. I also agree to present any credentials or documents required or requested by the Department.
- I authorize any federal, state or local government agency, current or former employer, or other individual or business to release information which may be required for a background investigation.
- I have read, understand and complied with all the laws of Virginia related to this profession under the provisions of Title 54.1, Chapter 8.1 of the *Code of Virginia* and the *Virginia Professional Boxing, Wrestling and Martial Arts Regulations*.
- I certify that I have the experience, training and knowledge to perform as a wrestler in the Commonwealth of Virginia. All the information provided on this application is accurate and true.
- I understand as a professional wrestler I should be aware that the activities of professional wrestling includes many health and safety risks. I will take the necessary medical exams to assure I am physically able to safely compete. I certify I have received the necessary training and/or have the necessary experience to safely participate in the activity of professional wrestling. I further certify that I am in good physical health, have no abnormalities or deficiencies that would prevent my participation in a wrestling event or endanger my health when engaging in a wrestling exhibition, and understand the health and safety risks involved in participation in a wrestling event.

Signature \_\_\_\_\_ Date \_\_\_\_\_