

Professional Ring Name: _____

Home Address: _____

City County State Country Zip Code

Home Phone: _____ Website: _____

Promoter: _____ Promoter's Phone: _____

Manager: _____ Manager's Phone: _____

Trainer: _____ Trainer's Phone: _____

Manager's or Trainer's E-mail:

List known upcoming professional fights: _____

Boxer Physical Characteristics: Stance [check only one (1)]: Right ____ Left ____

Gender: ____ Male ____ Female Weight: _____ Height: _____

Hair Color: _____ Eye Color: _____

Visible Tattoos with Location: _____

Have you been licensed in Tennessee by the Athletic Commission previously?
____ Yes ____ No If yes, list license number: _____ Expiration Date: _____

Do you have a current Federal ID? ____ Yes ____ No

If yes, Federal ID number: _____ Expiration Date: _____

If no, have you submitted payment for a new federal ID today? ____ Yes ____ No

Have you been suspended by any state athletic commission or other sanctioning authority? ____ Yes ____ No If "yes" give details and attach any records:

Have you been convicted of any felony offense(s)? ____ Yes ____ No If "yes" give details and attach all court records including signed final disposition:

In the past five years, have you been convicted of any misdemeanor offense(s)? ____ Yes ____ No If "yes" give details and attach all court records including signed final disposition:

Are there any criminal charges pending against you for felony or misdemeanor offenses at this time? If "yes" give details and attach all records:

Complete professional record, as of _____ Date of Application

Wins _____ Losses _____ Draws _____ No contests _____

Wins by knockout _____ Losses by knockout _____

Applicant Affidavit:

I have fully read and understand this application and the information given herein is true, correct and complete to the best of my knowledge. I agree to provide the Commission complete copies of any and all documents upon which any "yes" answer is based. I will furnish all additional information or documentation as may be deemed necessary for the verification of the information given here. I acknowledge that this application may be denied for cause and that any license obtained may be revoked for supplying false, incomplete or misleading information to the Commission. I agree to comply with the standards set forth in T.C.A, Title 68, Chapter 115, and I understand that violations of this chapter and the rules of the Tennessee Athletic Commission shall be grounds for disciplinary proceedings against me.

Printed Name of Applicant Signature of Applicant Date

Attach photo of boxer's face
size of photo must be

2 inch by 2 inch

Attach photo of boxer's face
size of photo must be

2 inch by 2 inch

Attach a copy of driver's license or passport identification and
one other form of identification if you are applying for a
federal boxer ID.

Eligibility Verification for Entitlements Act Attestation Instructions

INSTRUCTIONS: If you are a natural person applying for a license, registration, certification or other benefit you must:

1. Attest, under penalty of perjury, to your status as either a United States citizen, a qualified alien as defined in Tennessee's Eligibility Verification for Entitlements Act, or a foreign national not physically present in the United States, by selecting your status in Part A below signing on the line labeled "Applicant's Signature," printing your name on the line labeled "Printed Name" and putting the current date on the line labeled "Date."

AND

Do one (1) of the following:

2. If you are claiming United States citizenship, present one (1) of the forms of identification provided for in Part B below. If you provided your Social Security Number as part of your application for licensure, registration, certificate or other benefit, no additional documentation is required; however, please be aware that efforts may be made to verify any such number.
3. If you are claiming qualified alien status, present two (2) forms of documentation of identity and immigration status, as determined by the United States Department of Homeland Security to be acceptable for verification through the SAVE program, as provided in Part C below.
4. If you are claiming qualified alien status but you are unable to present two (2) forms of documentation provided for in Part C of this form, then you shall present at least one (1) such document that shall then be verified through the SAVE program.

or

5. If you are claiming you are foreign national not physically present in the United States, contact the program issuing the license, registration, certification or other benefit for which you are applying to provide such documentation as may be required to verify such status.



Eligibility Verification for Entitlements Act Attestation

Part A. Eligibility Verification for Entitlements Act Attestation

I hereby attest under penalty of perjury that I am (select one):

_____ A United States citizen;

_____ A qualified alien as defined in Tenn. Code Ann. § 4-58-102;¹

_____ A foreign national not physically present in the United States. Further, I understand that should I ever become physically present in the United States while I hold this license, registration, certification or other benefit I agree to immediately contact the issuing agency and provide documentation to confirm my status as a qualified alien.

Printed Name

Applicant's Signature

Date

Submitting false information or omitting pertinent or material information in connection with this application or any violation of the Eligibility Verification for Entitlements Act may result in the revocation of any license, registration, certification or other benefit issued to the applicant. A person who willfully makes a false, fictitious or fraudulent statement or representation of United States citizenship may be prosecuted under 18 U.S.C. § 911 and/or the False Claims Act, T.C.A. §§ 4-18-101, et seq.

¹ Qualified alien means "A qualified alien as defined by 8 U.S.C. § 1641(b)" or "An alien or nonimmigrant eligible to receive state or local public benefits under 8 U.S.C. § 1621(a)." Pursuant to those statutes, this includes, but is not necessarily limited to:

- An alien who is lawfully admitted for permanent residence under the Immigration and Nationality Act [8 U.S.C. § 1101 et seq.];
- An alien who is granted asylum under section 208 of the Immigration and Nationality Act [8 U.S.C. § 1158];
- A refugee who is admitted to the United States under section 207 of the Immigration and Nationality Act [8 U.S.C.A. § 1157];
- An alien who is paroled into the United States under section 212(d)(5) of the Immigration and Nationality Act [8 U.S.C. § 1182(d)(5)] for a period of at least 1 year;
- An alien whose deportation is being withheld under section 243(h) of the Immigration and Nationality Act [8 U.S.C. § 1253] (as in effect immediately before the effective date of section 307 of division C of Public Law 104-208) or section 241(b)(3) of the Immigration and Nationality Act [8 U.S.C. § 1231(b)(3)] (as amended by section 305(a) of division C of Public Law 104-208);
- An alien who is granted conditional entry pursuant to section 203(a)(7) of the Immigration and Nationality Act [8 U.S.C. § 1153(a)(7)] as in effect prior to April 1, 1980;
- An alien who is a Cuban and Haitian entrant (as defined in section 501(e) of the Refugee Education Assistance Act of 1980);
- A nonimmigrant under the Immigration and Nationality Act [8 U.S.C. §§ 1101, et seq.];
- An alien who is paroled into the United States under section 212(d)(5) of the Immigration and Nationality Act [8 U.S.C. § 1182(d)(5)] for less than one year.

Eligibility Verification for Entitlements Act Additional Required Documentation

Part B. If you are claiming United States citizenship, you must present one (1) of the following:

- A valid Tennessee driver license or photo identification license issued by the Department of Safety;
- A valid driver license or photo identification license from another state where the issuance requirements are at least as strict as those in Tennessee, as determined by the Department of Safety;
- An official birth certificate issued by a state, jurisdiction or territory of the United States, including Puerto Rico, United States Virgin Islands, Northern Mariana Islands, American Samoa, Swains Island, or Guam; provided that Puerto Rican birth certificates issued before July 1, 2010, shall not be recognized;
- A United States government-issued certified birth certificate;
- A valid, unexpired United States passport;
- A United States certificate of birth abroad (DS-1350 or FS-545);
- A report of birth abroad of a citizen of the United States (FS-240);
- A certificate of citizenship (N560 or N561);
- A certificate of naturalization (N550, N570 or N578);
- A United States citizen identification card (I-197, I-179);
- Any successor document of those listed at Tenn. Code Ann. §§ 4-58-103(c)(4)-(9); or
- A social security number that may be verified with the Social Security Administration in accordance with federal law (if you provided your social security number as part of your application for licensure, no additional documentation is required; however, please be aware that efforts may be made to verify any such number).

Part C. If you are claiming qualified alien status, you must present two (2) forms of documentation of identity and immigration status, as determined by the United States Department of Homeland Security to be acceptable for verification through the SAVE program. Such forms of identification may include:

- I-327 (Reentry Permit);
- I-551 (Permanent Resident Card);
- I-571 (Refugee Travel Document);
- I-766 (Employment Authorization Card);
- Certificate of Citizenship;
- Naturalization Certificate;
- Machine Readable Immigrant Visa (with Temporary I-551 Language);
- Temporary I-551 Stamp (on passport or I-94);
- Unexpired Foreign Passport;
- WT/WB Admission Stamp in Unexpired Foreign Passport
- I-20 (Certificate of Eligibility for Nonimmigrant (F-1) Student Status);
- DS-2019 (Certificate of Eligibility for Exchange Visitor (J-1) Status);
- Any other document determined by the U.S. Department of Homeland Security to be acceptable through the Systematic Alien Verification for Entitlements (SAVE) program created pursuant to the federal Immigration Reform and Control Act of 1986.

Part D. If you are claiming qualified alien status, but you are unable to present two (2) forms of documentation as described in Part C, then you shall present at least one (1) such document as described in Part C, which shall then be verified through the SAVE program.

Part E. If you are claiming that you are a foreign national not physically present in the United States, please contact the program issuing the license, registration, certification or other benefit for which you are applying to provide such documentation as may be required to verify such status.

Professional Combatant Dilated Eye Exam

Only a licensed Ophthalmologist or Optometrist may conduct this examination and complete this form. Please complete this form in its entirety.

Full Name: _____
First Name
Middle Name
Last Name

HISTORY

Has applicant ever had any of the following conditions?

1. Blurred vision? [] Yes [] No
2. Surgical procedures done to his/her eye(s) or the tissues around the eye other than simple sutures of the skin around the eye? [] Yes [] No
3. Has applicant had or been informed by a physician that he/she had significant eye problems such as retinal detachment, retinal tear, primary or secondary glaucoma, aphakia, pseudophakia, dislocated lens, or cataract? [] Yes [] No

If yes, please explain: _____

4. Eye Disease? [] Yes [] No

If yes, list nature of diseases: _____

5. Eye Injury? [] Yes [] No

If yes, list nature of injuries: _____

6. Retinal reattachment? [] Yes [] No

If yes, please explain: _____

7. Does the applicant have any other visual condition that would prevent him/her from safely engaging in boxing or martial arts activities? [] Yes [] No

If yes, please explain:

EXAMINATION

Vision: _____
Without glasses
With Glasses

Refraction: If either eye is 20/60 or worse

Right _____ / _____ Right _____ Sph _____ Cyl x _____ Acuity _____
 Left _____ / _____ Left _____ Sph _____ Cyl x _____ Acuity _____



Professional Combatant Physical Examination

If you are 35 years of age or older, you must have a neurological exam.

Only a licensed neurologist or neurosurgeon may conduct this examination and complete this form.

Please complete this form in its entirety.

Participant's Full Name:

First Name

Middle Name

Last Name

PHYSICAL HISTORY: Please check all that apply:

- Asthma Blood in urine Allergies Fainting spells Rupture (hernia)
 - Chest pains Operations Shortness of breath Swollen joints
 - Rheumatism Diabetes Frequent headaches Convulsions (fits)
 - Chronic cough Spitting of blood Cerebral hemorrhage or serious head injury
- If you checked any box, please explain below:

When was the last time you took any type of medication or drug? (State with specificity what type and when):

Have you ever undergone any type of surgery? ____ Yes ____ No (State with specificity what type and when):

When was the last time you took any type of vitamin supplement? (State with specificity what type and when):

General appearance: _____ Height _____ Weight _____ Temperature _____
_____ Disabling scars _____ Mouth _____ Teeth _____
_____ Tonsils _____ Neck _____
_____ Pulse at rest _____ Pulse after 100 hops _____
_____ Blood pressure at rest _____ Blood pressure after 100 hops _____
_____ Blood pressure two (2) minutes later _____

Enlarged glands: [] Yes [] No Goiter: [] Yes [] No

Heart: Pulse rhythm [] Regular [] Irregular Murmurs: [] Yes [] No

Musculoskeletal system: _____

Apical impulse: [] Heavy [] Normal Enlargement: [] Yes [] No

Lungs: Rales [] Yes [] No Abdomen: Enlargement of liver [] Yes [] No

Breasts: Mass [] Yes [] No [] Not Applicable Tenderness [] Yes [] No

Discharge: [] Yes [] No Enlargement of Spleen: [] Yes [] No

Hernia: [] Yes [] No Testicles: Normal [] Yes [] No [] Not Applicable

Reflexes: Pupils _____ Knee jerks _____ Romberg _____ Babinski _____

Skin: Tone _____ Rash _____ Boils _____ Other _____

Unhealed wounds: _____

Remarks: _____

Examining Physician:

Based on your personal observation and review of the test results and considering Commission rules, is it your medical opinion that this applicant is physically fit to be licensed to compete in combative sports? [] Yes [] No If no, please explain:

Licensed Physician's Name _____

Medical License Number _____

Physician's Signature

Date/ Time



Authorization to Use and Disclose Protected Health Information

I hereby authorize _____ (Physician) to furnish to the Tennessee Athletic Commission (the "Commission"), or its successors, copies of all my medical records, hospital records, records of treatment for drug and/or alcohol abuse or dependency, or other information requested by the Commission in connection with my application for licensure by the Commission or any further or future investigation by the Commission necessary to determine my fitness for licensure.

I further authorize the Commission or its successors to release any medical or other personal information with respect to my application or licensure to those athletic commissions (or similar regulatory bodies) that have a need to know, as determined by the Commission. This disclosure of records is required for official use, including investigation of my fitness for licensure by the Commission. I understand that the recipient of my information is not a health plan or health care provider and the released information may no longer be protected by federal privacy regulations.

I understand that I have a right to receive a copy of this authorization if I request it. I may inspect or obtain a copy of the protected health information that I am being asked to disclose. I understand that I have a right to revoke this authorization by sending written notification to the Tennessee Athletic Commission, 500 James Robertson Parkway, Nashville, TN 37243. I understand that if I revoke this authorization, I may not be allowed to continue in the licensure process, or, if I am licensed, my license may be adversely affected.

This authorization shall remain valid for two (2) years from the date a license is issued to me. A copy of this authorization shall be as valid as the original.

Name (Print)

Signature

Date