



APPLICATION FOR PROFESSIONAL ATHLETE - BOXING

All items in this application are mandatory. If not applicable, use N/A. Failure to provide any of the requested information will delay the processing of your application.

Application Fee: \$60 APPLICATION FEE IS NON-REFUNDABLE	<i>For Office Use Only</i> Receipt # _____ Date Cashiered: _____	<i>For Office Use Only</i> Date Received
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SECTION 1: PERSONAL INFORMATION

First Name		Middle Name		Last Name	
SSN/ITIN		Telephone Number () -		Email Address	
Residence Address		City		State	
Zip		Height _____ Ft. _____ In.		Weight _____ pounds	
<input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth (MM / DD / YYYY)			

SECTION 2: WEIGHT CLASS

Please specify the *LOWEST* Weight Class you *INTEND* to compete in:

<input type="checkbox"/> Strawweight/Mini Flyweight	through 105 lbs.	<input type="checkbox"/> Super Lightweight/Junior Welterweight	135.1-140 lbs.
<input type="checkbox"/> Light Flyweight/Junior Flyweight:	105.1-108 lbs.	<input type="checkbox"/> Welterweight	140.1-147 lbs.
<input type="checkbox"/> Flyweight	108.1-112 lbs.	<input type="checkbox"/> Super Welterweight/Junior Middleweight	147.1-154 lbs.
<input type="checkbox"/> Super Flyweight/Junior Bantamweight	112.1-115 lbs.	<input type="checkbox"/> Middleweight	154.1-160 lbs.
<input type="checkbox"/> Bantamweight	115.1-118 lbs.	<input type="checkbox"/> Super Middleweight	160.1-168 lbs.
<input type="checkbox"/> Super Bantamweight/Junior Featherweight	118.1-122 lbs.	<input type="checkbox"/> Light Heavyweight	168.1-175 lbs.
<input type="checkbox"/> Featherweight	122.1-126 lbs.	<input type="checkbox"/> Cruiserweight	175.1-195 lbs.
<input type="checkbox"/> Super Featherweight/Junior Lightweight	126.1-130 lbs.	<input type="checkbox"/> Heavyweight	195.1 lbs. +
<input type="checkbox"/> Lightweight	130.1-135 lbs.		

NOTE: The Commission permits athletes to move up in weight class at the athlete's discretion. However, an athlete may not move down in weight class without prior approval from the Commission.

SECTION 3: MEDICAL REQUIREMENTS

The following medicals are required for licensure. Please visit the Commissions website for the appropriate forms.

1. Physical Examination	4. Magnetic Resonance Imaging (MRI) and MRI Review Summary
2. Eye Examination	5. Electrocardiogram (EKG) and Cardiovascular History
3. Neurological Examination	6. Blood Tests

SECTION 4: EXPERIENCE

Amateur Boxing Record:

Wins: _____ Wins by KO/TKO: _____ Losses: _____ Losses by KO/TKO: _____

SECTION 5: LICENSE HISTORY

1. If you are now or have ever been licensed by the California State Athletic Commission, another athletic commission, or any similar governmental authority, provide the following information for each license, listing the most recent first:

TYPE OF LICENSE	DATE(S)	STATE/OTHER COMMISSION/ GOVERNMENTAL AUTHORITY
_____	_____	_____
_____	_____	_____

2. Has your license ever been suspended, revoked or fined by the California State Athletic Commission, another athletic commission or any similar governmental authority? NO YES If YES, provide the following information:

TYPE OF LICENSE	ACTION TAKEN	REASON FOR ACTION	DATE(S)
_____	_____	_____	_____
_____	_____	_____	_____

SECTION 6: BACKGROUND INFORMATION

1. Have you ever used any other name(s)? NO YES If yes, list name(s): _____

2. Have you ever been disqualified in any competition? NO YES If yes, please explain: _____

3. Have you ever missed your contracted weight for a professional fight? NO YES If yes, when and by what amount was the weight missed by? _____

4. What is the maximum amount of weight you have cut for a bout (in pounds)? _____

5. Have you ever been hospitalized for weight cutting or dehydrations issues? NO YES

6. Has your license ever been denied, suspended or revoked in any state or country for medical reasons (OTHER THAN HIV, HBV, OR HCV)? NO YES If yes, please explain: _____

7. Are there charges pending against you by the California State Athletic Commission, another athletic commission or any similar governmental authority? NO YES If YES, provide the following information:

OFFENSE	DATE OF OFFENSE	GOVERNMENT AUTHORITY	HEARING DATE(S)
_____	_____	_____	_____
_____	_____	_____	_____

8. Have you ever been convicted of any offense other than minor traffic violation? NO YES If yes, please provide the following information:

NOTE: You must include all misdemeanors and felonies, even if adjudication was withheld, or the conviction was discharged, set aside, or expunged.

OFFENSE	DATE OF OFFENSE	CITY, STATE, COUNTRY	HEARING/TRIAL DATE(S)
_____	_____	_____	_____
_____	_____	_____	_____

9. Are there any charges pending against you by any law enforcement agency? NO YES If YES, provide the following information:

OFFENSE	DATE OF OFFENSE	CITY, STATE, COUNTRY	HEARING/ TRIAL DATE
_____	_____	_____	_____
_____	_____	_____	_____

SECTION 7: MILITARY QUESTIONS	
1. Have you served, or are you currently serving, in the U.S. Armed Forces?	<input type="checkbox"/> NO <input type="checkbox"/> YES
2. Are you requesting expediting of this application for honorable discharged members of the U.S. Armed Forces?	<input type="checkbox"/> NO <input type="checkbox"/> YES
<i>Must supply satisfactory evidence of being honorably discharged from being an active duty member of the U.S. Armed Forces.</i>	
3. Are you requesting expediting of this application for spouses or domestic partners of an active duty member of the U.S. Armed Forces?	<input type="checkbox"/> NO <input type="checkbox"/> YES
<i>Must supply satisfactory evidence of being married to, or in a domestic partnership or other legal union with, an active duty member of the U.S. Armed Forces who is assigned to a duty station in California under official orders, and a current license in another U.S. licensing jurisdiction.</i>	

SECTION 8: REFUGEE, ASYLEE, OR SPECIAL IMMIGRANT VISA STATUS	
Business and Professions Code section 135.4 provides that the PTBC must expedite, and may assist, the initial licensure process for certain applicants described below. Do any of the following statements apply to you: <ul style="list-style-type: none"> You were admitted to the United States as a refugee pursuant to section 1157 of title 8 of the United States Code; You were granted asylum by the Secretary of Homeland Security or the United States Attorney General pursuant to section 1158 of title 8 of the United States Code; or, You have a special immigrant visa and were granted a status pursuant to section 1244 of Public Law 110-181, Public Law 109-163, or section 602(b) of title VI of division F of Public Law 111-8, relating to Iraqi and Afghan translators/interpreters or those who worked for or on behalf of the United States government. 	<input type="checkbox"/> NO <input type="checkbox"/> YES

SECTION 9: EMERGENCY CONTACT INFORMATION	
Name _____ Relationship _____ Phone Number _____	
Address _____ City _____ State _____ Zip Code _____	

SECTION 10: APPLICANT DECLARATION	
I declare under penalty of perjury under the laws of the State of California, that I have read the foregoing application for license and that all the answers given are my own. I further declare that all the answers are true. I understand that any misstatement of material fact in this application will constitute grounds for denying or revoking the license.	
Applicant's signature: _____	Date: _____

ALERT: Effective July 1, 2012, the Commission is required to deny an application for licensure and to suspend the license of any applicant or licensee who has outstanding tax obligations due to the Franchise Tax Board (FTB) or the State Board of Equalization (BOE) and appears on either the FTB or BOE's certified lists of top 500 tax delinquencies over \$100,000. (AB 1424, Perea, Chapter 455, Statutes of 2011)

Once it has been determined that an applicant or a licensee is on a certified list, the applicant or licensee has 90 days from the issuance of a preliminary notice of suspension to either satisfy all outstanding tax obligations or enter into a payment installment program with the FTB or BOE. Any such person who fails to come into compliance will have his/her license denied or suspended until the Commission receives a release from the FTB or BOE. The form for requesting a release will be included with the preliminary notice of suspension. The law prohibits the Commission from refunding any money paid for the issuance or renewal of a license where the license is denied or suspended as required by AB 1424. The FTB and BOE are currently expanding the certified lists from 250 to 500, but you can check if you are currently on the FTB's certified list at: www.ftb.ca.gov/individuals/txdlnqnt.shtml or the BOE's certified list at: www.boe.ca.gov/cgi-bin/deliq.cgi. If you believe you are on either list in error, please call the FTB at (866) 418-3702 or the BOE at 916-445-5167.

AUTHORIZATION TO RELEASE INFORMATION

Authority to provide the California State Athletic Commission with this information is established pursuant to Sections 18640, 18642 and 18643 of the Business and Professions Code. Disclosure of your social security number is mandatory pursuant to Section 30 of the Business and Professions Code and Pub. L. 94-455 (42 USCA 405(c)(2)(C)) authorizes collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, and for purposes of compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code. The social security number is also used to report and credit boxer pension fund payments in implementing Sections 18880, 18881, 18882, 18883, 18884, 18887, and 18888 of the Business and Professions Code. If you fail to disclose your social security number your application for initial or renewal license will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

All items in this application are mandatory; none are voluntary. Failure to provide any of the requested information will result in the application being rejected as incomplete. The information provided will be used to determine qualification for licensure. Information on your application and physical examination report may be released to law enforcement agencies. Applicants have the right to review their application subject to the provisions of the Information Practices Act. The Executive Officer is the custodian of records.



California State Athletic Commission
 2005 Evergreen Street, Suite 2010
 Sacramento, CA 95815
 www.dca.ca.gov/csac/
 (916) 263-2195 FAX (916) 263-2197



PROFESSIONAL BOXERS' PENSION PLAN ENROLLMENT FORM
 Complete to enroll the first time or to update your current enrollment.

Full Legal Name:

 (First Name/Nombre) (Middle Name/Apellido Materno) Last Name/Apellido Paterno)

Date of Birth: ____/____/____ **Social Security #:** ____ - ____ - ____

Federal Identification #: _____ **Expires:** ____/____/____

Boxer's Address: _____

City: _____ **State:** _____ **Country:** _____ **Zip Code:** _____

Date First Licensed as a Professional Boxer: ____/____/____
 (Month) (Day) (Year)

Date of First Professional Bout: ____/____/____
 (Month) (Day) (Year)

Marital Status: *(if married, divorced or widowed, please provide date of marriage, divorce or widowed)*

Married Divorced Widowed Single

____/____/____ (Mo.) (Day) (Yr.) ____/____/____ (Mo.) (Day) (Yr.) ____/____/____ (Mo.) (Day) (Yr.)

Spouse's Full Legal Name:

 (First Name/Nombre) (Middle Name/Apellido Materno) (Last Name/Apellido Paterno)

Spouse's Address: _____

City: _____ **State:** _____ **Country:** _____ **Zip Code:** _____

I have received the Summary Plan Description (SPD) describing the Professional Boxers' Pension Plan. I understand the SPD is only a summary of the provisions of the Plan. It cannot provide every detail that may affect my rights or benefits under the Plan. In the event of discrepancies between the description in the SPD, and the provisions of the complete Plan (included in the statute and regulations), I agree that the provisions of the Plan (and their respective amendments), and not those of the SPD, will control. I understand that a complete copy of the Plan is available for inspection at the offices of the California State Athletic Commission during business hours. I can also get a copy of the Plan and other documents if I ask for them or if my authorized representative asks for them. I also understand that I may be asked to pay a reasonable charge for copies of those documents.

I hereby apply for Participant status in the Plan. By applying for participation in the Plan, I hereby authorize the Commission to provide all necessary information about me, collected on Plan forms or other Commission records, to authorized agents and representatives, as it deems necessary for the proper administration of the Plan. I understand that applying for Participant status does not guarantee enrollment in the plan and that I must meet certain requirements summarized in the SPD to participate.

 Professional Boxer (print name)

 (Witnessed by Commission Representative (print name)

 (Signature)

 (Signature)

Dated: ____/____/____
 (Month) (Day) (Year)

Dated: ____/____/____
 (Month) (Day) (Year)

Office Use	Approved by: _____	Date: _____
	Approved By: _____	Date: _____



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PROFESSIONAL BOXERS' PENSION PLAN

SUMMARY PLAN DESCRIPTION (SPD)

1. Pension Plan General Information.

The name of the plan is the Professional Boxers' Pension Plan. The entire plan is set forth in California Business and Professions Code ("Code") and in Title 4 of the California Code of Regulations section 400 through 409 ("Regulations").

The plan is administered by the California State Athletic Commission ("Commission"). The plan has a public purpose because it helps eligible boxers have some benefits when they retire.

If there are any conflicts between this Summary, and the Plan as written in the Code and Regulations, the Code and Regulations will control.

2. Who Contributes to the Plan?

The promoter makes contributions to the plan based on the number of tickets sold and number of tickets given away at no cost per event, up to a maximum contribution of \$4,600 per show.

The law states that a licensed California boxer is required to participate in the pension plan.

3. Who is Eligible for Benefits?

Any professional boxer who is licensed in California and fights in California ("boxer") after July 1, 1981, may be eligible to receive benefits. You are eligible to receive benefits if you:

- Fought in 10 scheduled rounds per calendar year, during each of four calendar years after July 1, 1981, **without an intervening break of service**; and
- Fought in 75 scheduled rounds after July 1, 1981, **without a break of service**.

If you fought in at least 20 scheduled rounds between July 1, 1981 and June 30, 1984, you will also receive credit for rounds you fought between June 30, 1978 and July 1, 1981.

A "break of service" means that you did not fight at least 10 scheduled rounds in California during any 36 months in a row after July 1, 1981, and before you turned 50 years old.

If you are eligible for benefits and you die before age 50, the benefits can be paid to a beneficiary of your choice. If you have not chosen anyone, then the Commission will choose the person who will receive your benefits, in the order named in the California Probate Code. The Commission's choice is final.

4. When Can I Receive Benefits?

A boxer who has met the eligibility criteria outlined in #3 above can receive benefits calculated at the end of the year when he or she:

- Reaches the age of 50;
- Reaches the age of 36, retires from boxing and requests a vocational education benefit that would be paid directly to the school; or
- Dies before the age of 50, with benefits to be paid to your beneficiary.

5. What Benefits are Available?

The Commission decides how it will pay benefits to you. The Commission may pay your benefits in a one time lump sum payment.

Options

If you qualify for a benefit, you can ask the Commission, in writing, to pay you in a different way. You must give the Commission good reasons for changing the way it pays benefits. Good reasons include that you are dying or retired because of a disability or that purchase of an annuity contract is not practical. You can ask to be paid in one of the following ways:

- A single payment in cash;
- Equal cash payments every three months, or a specific percent of your pension account to be paid over no more than five (5) years; or
- Job training early retirement benefits. If you are at least 36 years old and retired from boxing, you can ask the Commission to have all or part of your pension benefit paid for school or job training, to help you prepare for a different career. If the Commission approves your request, it will pay the money directly to the school that you attend. The school has to show the Commission that you are actually going to class.

6. What Goes into My Account?

Money contributed by boxers, managers and promoters before June 17, 1997, and money contributed by promoters after June 17, 1997, goes into your pension account. The amount placed in your pension account depends upon the number of rounds you fought and the amount of purses paid to you. One-half of the money contributed by promoters is divided among boxers based on the number of scheduled rounds fought in California by each boxer as a percent of the total number of scheduled rounds fought by all boxers in California during a year. The other half is divided based upon the amount of purses received by boxers for fights in California during a year.

For example, if you fought 20 of the total 2,000 rounds of scheduled boxing fought in California during one year, your part is 1% of the amount contributed for total rounds. If you were paid \$30,000 in purses out of a total purse amount in California during one year of \$900,000 your part would be 3% of the amount contributed for total purses. In addition, money may be added to your pension account from forfeiture of pension accounts of boxers who fail to become eligible for benefits

7. What Happens if I Have a Break of Service?

A break of service means that you have failed to fight at least 10 scheduled rounds in California during any 36 months in a row before you turned 50 years of age.

If you have a break of service before you are eligible to receive benefits, then the money in your pension account is taken out and divided among the other boxers. This is called a "forfeiture".

If you have a break of service after you are eligible to receive benefits, then your pension account is put on inactive status. This means you will not continue to share in the division of promoter contributions, but money will still be added to your account from forfeitures, if there are any.

8. Can I Give My Benefits to Someone Else?

You cannot sell, transfer, pledge or in any way give your benefits to anyone else before they are paid to you. In addition, your benefits cannot be taken from the plan by anyone else to pay for debts, contracts, liabilities or any wrongs you committed. You can, however, choose someone else to receive your benefits upon your death.

9. How Do I Apply for Benefits?

You or your beneficiary can ask the Commission for information about rights and benefits and the Commission will provide you with a reply, in writing, within 30 days.

You or your beneficiary must file a written claim for benefits with the Commission. The Commission must say, in writing within 30 days, whether the claim is complete. The Commission has 60 days after receiving a complete claim to make a decision in writing and provide it to you. If the Commission denies your claims for benefits, it must give you the reasons it denied the claim and state the specific parts of the plan on which it based its denial. The Commission also must explain how it reviews denied claims.

10. How Do I Request the Review of a Denied Claim?

If the Commission denies a claim for benefits, you or your beneficiary can ask the Commission, in writing, to review the denial. This request has to be made within 90 days after you receive the denial. The Commission must notify the claimant in writing that it has received the request for review and that the person has 30 days to give the Commission a written statement and any documents that he or she feels support the claim. The Commission must look at the whole record and make a decision no later than 30 days after the person's deadline to give information to the Commission. If the Commission again denies the claim, its written decision will give you or your beneficiary the same kind of information it gave you the first time the claim was denied.

11. Who Do I Contact for More Information?

In order to obtain more information about this pension plan contact the California State Athletic Commission at 2005 Evergreen Street, Suite 2010, Sacramento, CA 95815, (916) 263-2195.



THE DANGERS OF CUTTING WEIGHT AND DEHYDRATING



Unhealthy and dangerous weight loss practices continue to be a serious problem in combat sports. One recent study found that 39% of MMA fighters were entering competition in a dehydrated state. Heat illness and death in athletes have already happened in the sports of wrestling and MMA. It's been shown that excessive weight loss, rapid weight loss, and repeated cycling of weight gain/loss causes decreased performance, hormonal imbalance, decreased nutrition, and increased injury risk. Other life-threatening problems associated with improper weight loss and dehydration include:

- **Decreased Muscle Strength and Endurance:** Decreased blood flow to muscles makes them work less well.
- **Decreased Heart and Cardiovascular Function:** The heart works harder *and* less efficiently.
- **Reduced Energy Utilization, Nutrient Exchange and Acidosis:** With decreased blood flow to tissues, nutrients don't get delivered, and the body's waste products do not get removed as well. A buildup of acid occurs which changes cells' functions in the body.
- **Heat Illness:** This takes on four forms: heat cramps, heat syncope (loss of consciousness), heat exhaustion, and heat stroke (which may be fatal). Dehydration results in decreased blood flow to skin and muscles. This is followed by decreased ability to regulate body temperature. The ability to sweat becomes impaired and core body temperature can rise. This increases the threat of all of these to poorly hydrated athletes doing strenuous workouts.
- **Decreased Kidney Function:** Dehydration leads to decreased kidney blood flow and decreased kidney function. This contributes to the problems listed in the points here, in addition to decreased urine output, concentrated urine, and leakage of protein into the urine. (It is not known if these changes can result in permanent kidney damage.)
- **Electrolyte Problems:** Decreased kidney function results in imbalances of electrolytes such as unhealthy increases in potassium and sodium.
- **Mood Swings and Mental Changes:** All of the above contribute to increased mood swings, poor concentration and focus, disorientation and other mental changes.
- **Eye Trouble:** Dehydration can cause blurred vision and dry eyes.
- **Increased Risk of Brain Injury:** There are likely increased risks of brain bleeding and concussion.

DON'T:

- Don't use extreme methods for making weight such as excessive heat methods (rubberized suits, steam rooms, saunas), excessive intense bouts of exercise, vomiting, laxatives and diuretics.
- Don't use dehydration as a mainstay of making weight. In addition to the above, it puts you at risk of improper rehydration techniques — when, in reality, proper re-hydration takes several hours to days. (Many cases of intravenous fluids being used for rehydration after weigh-ins have been reported – this is a doping violation with several organizations.)

DO:

- Commit to year-round proper diet and training for proper weight control and body composition.
- By maintaining your weight year round near an appropriate competition weight and not competing in a weight class outside your appropriate weight class you will help avoid large swings in weight.
- Maintain a good state of hydration by drinking fluid throughout the day and staying hydrated during workouts.
- Follow nutritional programs that meet your needs for adequate amounts of calories from a balanced diet high in healthy carbohydrates, the minimum requirement of fat, and appropriate amounts of protein.
- Be wary of nutritional supplements as they are not regulated by the FDA and some have been shown to be harmful.

For more information visit: www.associationofringsidephysicians.org