



DEPARTMENT OF CONSUMER AFFAIRS • CALIFORNIA STATE ATHLETIC COMMISSION  
2005 Evergreen St., Suite 2010, Sacramento, CA 95815  
P (916) 263-2195 | TTY (800) 326-2297 | www.dca.ca.gov/csac



## APPLICATION FOR NATIONAL ID- MIXED MARTIAL ARTS (MMA)

<b>Application Fee: \$20</b>  <b>APPLICATION FEE IS NON-REFUNDABLE</b>	<i>For Office Use Only</i>	<i>For Office Use Only</i>
	Receipt # _____  Date Cashiered: _____	<b>Date Received</b>

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. The applicant shall send via email to [csac@dca.ca.gov](mailto:csac@dca.ca.gov) the completed National MMA ID application, a recent color photo and 2 forms of governmental identification (social security card, passport, Student ID, military ID, green card). Non-U.S citizens are required to provide a copy of a current passport. The applicant shall mail payment in the form of a check or money order to the California State Athletic Commission, 2005 Evergreen St., Suite 2010, Sacramento, CA 95815.

SECTION 1: PERSONAL INFORMATION			
First Name		Middle Name	Last Name
SSN/ITIN		Telephone Number ( ) -	Email Address
Residence Address		City	State
			Zip
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Date of Birth (MM / DD / YYYY)		Height _____ Ft. _____ In.
Weight _____ pounds		Stance(check only 1) <input type="checkbox"/> Left <input type="checkbox"/> Right	Hair Color _____
		Eye Color _____	Years of Experience _____ Years
Distinguishing Characteristics (tattoos, scars, etc.) _____ _____			

SECTION 2: APPLICATION TYPE	
Application type: ORIGINAL: <input type="checkbox"/>	RENEWAL: <input type="checkbox"/> National MMA ID#: _____

SECTION 3: WEIGHT CLASS			
Please specify the Weight Class you INTEND to compete in:			
<input type="checkbox"/> Atomweight	96 – 105 lbs.	<input type="checkbox"/> Welterweight	155.1 – 170 lbs.
<input type="checkbox"/> Strawweight	105.1 – 115 lbs.	<input type="checkbox"/> Middleweight	170.1 – 185 lbs.
<input type="checkbox"/> Flyweight	115.1 – 125 lbs.	<input type="checkbox"/> Light Heavyweight	185.1 – 205 lbs.
<input type="checkbox"/> Bantamweight	125.1 – 135 lbs.	<input type="checkbox"/> Heavyweight	205.1 – 265 lbs.
<input type="checkbox"/> Featherweight	135.1 – 145 lbs.	<input type="checkbox"/> Super Heavyweight	265.1 lbs. +
<input type="checkbox"/> Lightweight	145.1 – 155 lbs.		
<b>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.</b>			

**SECTION 4: TRAINER OR MANAGER CONTACT**

Manager Name:	Email or Phone Number:
Trainer Name:	Email or Phone Number:

**SECTION 5: EXPERIENCE**

<b>Amateur Experience:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Amateur Record (If turning Professional)</b> Wins _____ Losses _____	<b>Professional Record</b> Wins _____ Losses _____
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**SECTION 6: ASSOCIATION OF BOXING COMMISSIONS TERM AND CONDITIONS**

1. National MMA ID card will not be issued unless an accurate and truthful completed application for the National MMA ID, photo and two forms of identification are submitted.
2. Applicant understands that he/she will not be allowed to fight without a valid National MMA ID.
3. 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. The ruling of the ABC is final and binding for all parties.
4. The use of performance enhancing drugs may result in the applicant being place on the National Suspension list.
5. Applicant agrees to abide by these and any other terms and conditions, rules and regulations set forth by the ABC and/or the issuing Commission.
6. Applicant understands and agrees that the ABC reserves the right to amend the terms and conditions for issuing the National MMA ID at any time.
7. Applicant understands that the issuing Commission may charge a \$20.00 processing fee for issuing and/or reissuing a National MMA ID.

I certify that I have read and understand the terms and conditions pertaining to the application for a National MMA ID, that all information given is my own, and are 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 denying of the National MMA ID and subject me to a one-year suspension at the discretion of the ABC or issuing Commission.

**Applicant's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**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.

The applicant shall send via email to [csac@dca.ca.gov](mailto:csac@dca.ca.gov) the completed National MMA ID application, a recent color photo and 2 forms of governmental identification (social security card, passport, Student ID, military ID, green card). Non-U.S citizens are required to provide a copy of a current passport. The applicant shall mail payment in the form of a check or money order to the California State Athletic Commission, 2005 Evergreen St., Suite 2010, Sacramento, CA 95815.