Association of Boxing Commissions (ABC)
Boxer's Federal Identification Card Application
State of Iowa Boxing Commission

FOR OFFICE USE ONLY
Date Received:
Check Number:
ID Issuance Date:

Chapter 90A of the Iowa Code requires each professional boxer residing in Iowa to register with the Commissioner of Athletics every two years.

Send the following to the Iowa Division of Labor – Athletics, 150 Des Moines Street, Des Moines, IA 50319-0209

1. Completed legible application
2. 2 forms of Identification – 1 copy of official government issued photo ID containing the boxer's photograph or similar foreign ID number and 1 copy of a different acceptable form of ID (i.e. social security card, military card or PIV card)
3. Current clear facial picture (picture ONLY may be emailed to the address below)
4. Check or money order for $25.00 payable to Division of Labor – Athletics

Application must be received by the Athletic Commissioner 15 days prior to a boxing match that the boxer will be participating in.

If you have questions, call 515-745-2632 or email boxing@iwd.iowa.gov.

Federal ID Number			Expiration Date		
First Name		Middle	Last		
Date of Birth	Place of Birth – Country, City and State			Social Security Number	
Current Mailing Address		City		State	Zip
Phone Number		Email Address			
Height	Weight	Stance ☐ Left ☐ Right	Amateur Experience ☐ Yes ☐ No	Record	
Hair Color	Eye Color	Distinguishing Characteristics (tattoos, scars, etc.)			
Manager Name		Phone Number	Email Address		
Promoter Name		Phone Number	Email Address		
Trainer Name		Phone Number	Email Address		

TERMS AND CONDITIONS

1. Boxer must apply for Boxer Federal ID card in the state in which he/she is a resident.
2. Boxer Federal ID card will not be issued unless an accurate and truthful completed application for an ABC Boxer Federal ID card, one passport picture and two forms of ID.
3. Boxer understands that he/she will not be allowed to fight without a Boxer Federal ID card.
4. Any false or misleading statements on this application may result in the boxer being placed on the National Suspension list.
5. ABC reserves the right to amend these terms and conditions.
6. Boxer understands that ABC with the cooperation of the State of Iowa Boxing Commission will settle any disputes or violations of these terms and conditions.
7. Boxer agrees to abide by these terms and conditions and any other rules set forth by ABC and the State of Iowa Boxing Commission.

I solemnly swear (or affirm) that the statements made on this application are true and the photograph is a true representation of me. By signing this application, I agree to be bound by the rules and regulations of ABC. If I make a false or misleading statement in this application, ABC at any time thereafter may place me on suspension for one year. I acknowledge that I have read, understand and agree to the terms and conditions of the ABC Boxer Identification card.

Applicant's Signature Date

State of Iowa Boxing Commission Representative Date

Equal Opportunity Employer/Program
Auxiliary aids and services are available upon request to individuals with disabilities.
For deaf and hard of hearing, use Relay 711.