



**Combatant Application
Handbook
2023**

ARIZONA BOXING AND MIXED MARTIAL ARTS COMMISSION

UNARMED COMBATANT APPLICATION CHECKLIST

Use this checklist as a guide to complete each item before submitting your application. Take a photo of each item once complete and save it for your records. **You will upload these into your application when you get to Step 8.**

Step 1: Bloodwork _____

You must present negative results for the following tests: HIV, Hepatitis B (**Surface Antigen**), and Hepatitis C (**Antibody**). Take a photo of the results and upload to your application.

Step 2: Physical Exam _____

You must present evidence of a healthy physical ability. Please use the **Physical Exam Form** on Pages 1 and 2. Exam must be conducted by a licensed **M.D.** or **D.O.** Take a photo of the completed forms and upload to your application.

Step 3: Eye Exam _____

You must present a completed Ophthalmological Exam. Please use the **Dilated Eye Exam Form** on Page 3 and 4. This step must be conducted by a licensed **Optometrist** or **Ophthalmologist**. Take a photo of the completed exam and upload to your application.

Step 4: EKG* _____

OVER-AGE APPLICANTS ONLY! Applicants 36 years of age and older must get special permission from the Commission and are required to furnish the results of a stress test administered by a licensed **M.D.** or **D.O.** These results must be accompanied by a clearance letter and the results of an electrocardiogram (EKG) that demonstrates normal cardiovascular function. Take a photo of the results and upload to your application.

Step 5: Federal Combatant ID _____

If you do not already have a Federal ID for your sport (e.g. Boxing or MMA), you must complete the respective form in order to obtain a Federal ID. Page 5 for MMA, Page 6 for Boxing. Take a photo of the completed form and upload to your license application.

Step 6: Identification Docs _____

A copy of the applicant's Driver's License, Valid Identification or other Lawful Presence Documents must be provided with the Arizona License Application. Take a photo of your Driver's License, Birth Certificate, or Passport and upload to your application.

Step 7: Headshot/Selfie _____

Take a photo or selfie of yourself looking at the camera from the shoulders up and upload to your license application.

Step 8: License Application _____

Only complete this step once all other previous steps are complete and you have photos of each document. Go to this link: <https://bit.ly/3diuX27> or scan the QR code below. You will be required to upload the above documentation into the application.



Step 9: Payment _____

Once you have submitted your application, you must pay the licensing fee at this link: <https://adgpay.az.gov/content/boxing-mma> or scan the QR code below. Once paid, your application is complete.



ARIZONA BOXING AND MIXED MARTIAL ARTS COMMISSION

PHYSICAL EXAM PHYSICAL EXAMINATION FOR UNARMED COMBATANT

Applicant Phone: (____)____-_____

APPLICANT INFORMATION

MALE FEMALE

Applicant _____

Last Name _____ First Name _____ Middle _____ Date of Birth _____

Street Address _____ City _____ State _____ Zip _____

PHYSICAL HISTORY

Has applicant had any of the following conditions:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Fainting spells | <input type="checkbox"/> Rupture (hernia) | <input type="checkbox"/> Chest pain | <input type="checkbox"/> Operations |
| <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Swollen joints | <input type="checkbox"/> Rheumatism | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Frequent head aches | <input type="checkbox"/> Convulsions (fits) | <input type="checkbox"/> Chronic cough | <input type="checkbox"/> Bleeding disorder |
| <input type="checkbox"/> Spitting blood | <input type="checkbox"/> Cerebral hemorrhage or any other serious injury | | |

Number of knockouts received _____ Date of last knockout _____

Longest duration of unconsciousness _____

Have you ever been knocked unconscious in any other sport or in any other way? Yes No

If yes, explain: _____

BOXING / UNARMED COMBAT RECORD

Pro Boxing Wins _____	Losses _____	Draws _____
Pro MMA Wins _____	Losses _____	Draws _____
Amateur MMA Wins _____	Losses _____	Draws _____

PHYSICAL EXAMINATION

General appearance _____ Height _____ Weight _____ Temperature _____

Disabling scars _____ Mouth _____ Teeth _____ Tonsils _____ Neck _____ Pulse at rest _____

Blood pressure at rest _____

Pulse after 100 hops _____ Blood pressure after 100 hops _____

Blood pressure 2 minutes later _____

Enlarged glands Yes No Goiter Yes No

Heart: Pulse rhythm Regular Irregular Apical impulse Heavy Normal

Enlargement Yes No Murmurs Yes No

Lungs: Rales Yes No

Breasts: Mass Yes No Tenderness Yes No Discharge Yes No

Abdomen: Enlargement of liver Yes No Enlargement of spleen Yes No

Hernia Yes No Enlargement of spleen Yes No

Testicles: Normal Yes No Remarks: _____

Pelvic: Normal Yes No Remarks: _____

Reflexes: Pupils _____ Knee jerks _____ Romberg _____ Babinski _____

Skin: Rash _____ Boils _____ Any other unhealed wounds: _____ Speech: Slurred? Yes No Other: _____

General issues (memory, judgment): _____

Remarks: _____

PHYSICAL EXAMINATION**EYE 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 ever been informed by a physician that he/she had significant eye problems such as retinal detachment, retinal tear, primary or secondary glaucoma, aphakia, pseudophakia lens? Yes No

EYE EXAMINATION

Vision without glasses	
Left	Right

Vision with glasses	
Left	Right

Visual Field	
Left	Right

SEROLOGY

THE ORIGINAL REQUIRED LAB REPORT WITH APPLICANT'S NAME AND DATE THE TEST WAS PERFORMED **MUST** BE SUBMITTED.

REQUIRED LAB REPORTS TO INCLUDE: HIV, Hepatitis B (Surface Antigen) and Hepatitis C (Antibody)

EXAMINING PHYSICIAN (MUST BE AN MD OR DO PHYSICIAN)

I have examined the above named subject and I HAVE HAVE NOT medically cleared to fight.

Remarks: _____

PHYSICIAN'S NAME / LICENSE # (PLEASE PRINT) SIGNATURE BY (MD or DO) ONLY DATE

OFFICE NAME

STREET ADDRESS

CITY STATE ZIP CODE () PHONE NUMBER

MEDICAL RELEASE AUTHORIZATION BY APPLICANT

I AUTHORIZE any physician to release to the Arizona Boxing and MMA Commission any of my medical records in his/her possession. I also authorize the Arizona Boxing and MMA Commission to release any medical information or other personal information with respect to my status and licensure as a professional boxer or unarmed combatant which may be contained in any of its records to other State Commissions. I agree that a photographic copy of this authorization shall be valid as the original. I agree that this authorization will be valid for a period of one year from the date indicated in this document.

NAME OF APPLICANT (PLEASE PRINT) APPLICANT'S SIGNATURE DATE

ARIZONA BOXING AND MIXED MARTIAL ARTS COMMISSION

DILATED EYE EXAM REPORT OF EYE EXAMINATION FOR PROFESSIONAL BOXER / UNARMED COMBATANT TO BE PERFORMED BY AN OPTOMETRIST OR OPHTHALMOLOGIST

Last Name _____ First Name _____ Middle _____ Date of Birth _____

Street Address _____ City _____ State _____ Zip _____

BOXER Boxing Record: _____ **MMA FIGHTER:** MMA Record: _____

HISTORY

If possible provide the following information:

Name and hometown of physician in charge: _____

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 ever 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 List nature of disease: _____

5. Eye injury: Yes No List nature of injury: _____

6. Detached retina surgery on either eye: Yes No

List which eye and when and where surgery was done: _____

EXAMINATION

VISION:	Without	With Glasses
Right		
Left		

REFRACTION: If either eye is 20/40 or worse:

		Sph		Cyl x		Acuity
Right						
Left						

Intraocular Tension Right _____ mmHg

Left _____ mmHg

Motility Normal _____ Abnormal _____

Binocular Vision Normal _____ Abnormal _____

Remarks: _____

SLIT LAMP EXAM

NORMAL

ABNORMAL

SPECIFIC ABNORMALITIES

Conjunctiva

Cornea _____

Iris/Pupil _____

Lens _____

Eyelids _____

Right Left

Right Left

INDIRECT OPHTHALMOSCOPY WITH SCLERAL DEPRESSION (Dilated Pupil)

NORMAL

ABNORMAL

SPECIFIC ABNORMALITIES

Disc _____

Macula _____

Vessels _____

Peripheral Retina _____

Right Left

Right Left

DILATED EYE EXAM

The Commission shall deny, suspend, revoke, or place restrictions on the license of a professional boxer or martial arts fighter because of a medical or visual condition, (The Commission may also place restrictions for the same medical conditions on all amateur combatants under its jurisdiction) including but not limited to the following:

1. *Uncorrected visual acuity of less than 20/200 in either eye or 20/60 with both eyes;*
2. *Corrected visual acuity of less than 20/60 in either eye, regardless of its cause;*
3. *A visual field of 60 degrees or less extending over one or more quadrants of the visual field;*
4. *Presence or history of retinal detachment or retinal tear unless treated by an ophthalmologist and then approved by an ophthalmologist specified by the Commission who then assesses that the boxer is at no significant risk of further injury to the retina if boxing is resumed. Such assessment shall occur both within five days before and five days after the contest;*
5. *Presence of primary or secondary glaucoma, whether or not such condition has been treated;*
6. *Presence of aphakia, pseudophakia, dislocated lens or cataract in either eye;*
7. *Any other visual condition which the Commission determines would prevent the applicant or licensee from safely engaging in boxing activities.*

The examining physician is requested to mail or fax a copy of any report, directly to the Commission of an applicant that has a condition that may preclude him/her from being licensed or cleared to participate in any combat activities.

REPORT OF EYE EXAMINATION FOR PROFESSIONAL BOXER / UNARMED COMBATANT**PHYSICIAN REMARKS:****OPTOMETRIST OR OPHTHALMOLOGIST MUST COMPLETE ALL ITEMS LISTED BELOW**

I have read the above criteria and, in accordance with the vision requirements as stated therein, have examined the applicant named on page 1 and page 2 of this form and

I HAVE HAVE NOT medically cleared him/her to compete as a licensed boxer/unarmed combatant.

PHYSICIAN NAME / LICENSE # (please print) PHYSICIAN SIGNATURE

OFFICE NAME AND STREET ADDRESS DATE

CITY STATE ZIP CODE () PHONE NUMBER

*** MEDICAL RELEASE AUTHORIZATION BY APPLICANT ***

I AUTHORIZE any physician to release to the Arizona Boxing and MMA Commission any of my medical records in his/her possession. I also authorize the Arizona Boxing and MMA Commission to release any medical information or other personal information with respect to my status and licensure as a professional boxer or unarmed combatant which may be contained in any of its records to other State Commissions. I agree that a photographic copy of this authorization shall be valid as the original. I agree that this authorization will be valid for a period of one year from the date indicated in this document.

SIGNATURE OF APPLICANT

DATE

NAME PRINTED

()
PHONE NUMBER

ANY ATTEMPT TO ALTER OR FALSIFY THIS DOCUMENT WILL RESULT IN FORFEITURE OF LICENSE AND/OR PROSECUTION IN A CRIMINAL COURT OF LAW.

COLOR PHOTO
(Passport Type)

ASSOCIATION OF BOXING COMMISSIONS
MIXED MARTIAL ARTS
NATIONAL IDENTIFICATION CARD

FOR OFFICIAL USE ONLY

ID #: _____

DATE ISSUED: _____

ISSUED BY: AZ BOXING
AND MMA COMMISSION

EXPIRES: _____

APPLICATION FORM

AMATEUR

PROFESSIONAL

FIRST NAME: _____ LAST NAME: _____ MIDDLE NAME: _____

DATE OF BIRTH: ____/____/____ SOCIAL SECURITY # ----- _____

ADDRESS: _____ CITY: _____ STATE/PROVINCE: _____ ZIP: _____

HEIGHT: ____' ____" WEIGHT: _____ lbs. COLOR OF HAIR: _____ COLOR OF EYES: _____

HOME PHONE: (_____) _____ E-MAIL ADDRESS: _____

BIRTHMARKS, SCARS OR TATTOO'S: _____

(List area of body: Face, Neck, Back, Arm, Leg, etc.)

YEARS OF EXPERIENCE: _____

TERMS AND CONDITIONS:

1. Applicant must apply for National MMA ID Card in the state/province in which he/she is a resident.
2. National MMA ID Card, will not be issued unless an accurate and truthful application form is completed in its entirety. Incomplete forms will not be accepted and will be returned to applicant for completion.
3. Two color (passport type) photos must be submitted with the completed application form.
4. Two forms of identification must be presented at the time of application and must include a color photo of the applicant. Accepted forms of identification will include, but not be limited to driver's license, passport, state/province issued identification or any other form of identification accepted by issuing Commission.
5. Applicant understands that he/she will not be allowed to compete without a National MMA ID Card.
6. 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 Card. The ruling of the ABC is final and binding on all parties.
7. Applicant agrees to abide by these and any other terms and conditions, rules and regulations set forth by the ABC and the issuing Commission.
8. Applicant understands and agrees that the ABC reserves the right to amend the terms and conditions for issuing the National MMA ID Card.
9. The National MMA ID Card will expire 5 years from the date it is issued. A new application will need to be completed in order to update or renew your ID.

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

Applicant's Signature

Date

Commission Representative

Date

