

DEPARTMENT OF CONSUMER AFFAIRS
BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR

CALIFORNIA STATE ATHLETIC COMMISSION

2005 Evergreen Street, Suite 2010 | Sacramento, CA 95815 Phone: (916) 263-2195 | Fax: (916) 263-2197 Website: www.dca.ca.gov/csac | Email: csac@dca.ca.gov



APPLICATION FOR MIXED MARTIAL ARTS (MMA) NATIONAL IDENTIFICATION (ID) CARD

ORIGINAL

RENEWAL

Your application will be considered "Pending" if any information is not completed.

| Please include the following: | | | OFFICE USE ONLY | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-------------|----------------------------|----|------------------------------------------------------------------------------|-------------------------------------|
| D National ID Application | | | ID #: | | | |
| D \$20 Processing Fee. Please mail fee and copy of application to the CSAC main office. | | | Received By: | | | |
| D A clear photocopy of two (2) current government issued photographic IDs (i.e. driver's license, passport) | | | Issuing Commission: | | | |
| | | | Date Application Received: | | | |
| D One (1) digital photograph which shows head and shoulders only, without a hat, and in a natural pose. Please email the digital photograph to | | | Date License Approved: | | | |
| | | | Exp Date: | | | |
| federalid@dca.ca.gov and include your name in the subject line. | | n the | Amount Rec'd: Met | | | |
| D Copy of previous National ID Card. For renewals only. | | | Receipt #: Rece | | Receip | t given by: |
| D copy of previous Na | nonai ib Gara. <i>i oi rene</i> | wais offiy. | | | | |
| Section 1. Please print the following information: | | | | | Social Security Number (SSN) or Individual Tax Identification Number (ITIN): | |
| Last Name | First Name | | Middle Na | me | ` , | |
| Address: | | | | | | |
| Street (No PO Box) | City | | State | | Zip Code | Country |
| Telephone number: | | | Email: | | | |
| Place of Birth: | | | | | | Date of Birth: (MM / DD / YYYY): |
| City/State/Country/Pro | | 1 - | | ı | | |
| leight: Weight: Stance: (c | | Stance: (ch | neck one) Hair | | Color: | Eye Color: |
| B. (1. 1.1. 0) | | Right | Left | | | |
| Distinguishing Charact | eristics (tattoos, scars, d | etc): | | | | |
| Years of Experience: | | | | | | |

APPLICATION FOR MMA NATIONAL ID CARD

| APPLICANT NAME: | |
|-----------------|--|
| | |

TERMS AND CONDITIONS

- 1. MMA National ID card will not be issued unless the following is included:
 - a. An accurate and truthful completed application for MMA National ID Card.
 - b. One digital photograph which shows head and shoulders only, without a hat, and in a natural pose is required. Please email the digital photograph to federalid@dca.ca.gov.
 - c. A clear photocopy of two (2) current government issued photographic IDs (i.e. driver's license, passport).
- 2. Applicant understands that he/she will not be allowed to compete without a validMMA National ID Card.
- Applicant understands that the ABC, in cooperation with the issuing Commission, will settle any and all disputes with regards to violation of these terms and conditions for the MMA National ID card. The ruling of the ABC is final and binding on all parties.
- Applicant agrees to abide by these and any other terms and conditions, rules and regulations set forth by the ABC and the issuing Commission.
- 5. Applicant understands and agrees that the ABC reserves the right to amend the terms and conditions for issuing the MMA National ID card at any time.
- 6. Applicant understands that issuing Commission may charge a \$20.00 processing fee for issuing and/or reissuing an ID card.

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, 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 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's Signature Date

Applicant's Printed Name Commission Representative's Printed Name