



**Boxing, Martial Arts, and Professional Wrestling Program**  
**AMATEUR MARTIAL ARTS - SANCTIONING ORGANIZATION APPROVAL APPLICATION**  
**Fee \$500.00**

Following an informal fact-finding proceeding conducted pursuant to § 2.2-4019 of the Code of Virginia, the Director may withdraw his approval of any sanctioning organization that has failed to comply with § 54.1-829.1 based on (i) the review of the annual report submitted by the sanctioning organization or (ii) review of a complaint received pursuant to subdivision A 8 of § 54.1-201 or § 54.1-307.1.

1. Business or Sole Proprietor Name \_\_\_\_\_  
 > A sole proprietor should enter his/her full legal name and the company name should be entered below as the Trade/DBA name. All names must be the same as the name on your government issued ID or organization/business documents.

2. Trade, "Doing Business As" (DBA) or Fictitious Name \_\_\_\_\_  
 ▲ Attach a copy of the certificate filed with the Clerk of the Court in the locality where business will be conducted (if required by the locality).

3. A. Type of business entity (select only **one**)  
 Sole Proprietorship     General Partnership     Solely Owned LLC ♦     Other, please specify:  
 Corporation ♦     Limited Partnership ♦     Limited Liability Company ♦ \_\_\_\_\_

**Other:** Association, Business Trust, Government Agency, Joint Venture, Limited Liability Partnership, Non Profit, Professional Corporation, Professional Limited Liability Company, or Sole Proprietor (Non-Broker Owned)

B. State Corporation Commission Number: \_\_\_\_\_ (If applicable)

♦ If your business is a **corporation, limited liability company, or limited partnership**, your business/trade name(s) must be registered with the Virginia State Corporation Commission (including all out-of-state businesses). Firm/Businesses shall be organized as business entities under the laws of the Commonwealth of Virginia or otherwise authorized to transact business in Virginia. Firm/Businesses must register any trade or fictitious names with the State Corporation Commission or the clerk of court in the county or jurisdiction where the business is to be conducted. For additional information, contact the SCC at [www.scc.virginia.gov](http://www.scc.virginia.gov) or by phone at (804) 371-9733.

4. Provide **one** of the following identification numbers:\*

Business Federal Employer Identification Number (FEIN)

		-								
--	--	---	--	--	--	--	--	--	--	--

Federal Employer Identification Number (12-3456789)

Sole Proprietor's/Individual's Social Security Number **or**

			-			-					
--	--	--	---	--	--	---	--	--	--	--	--

Social Security or Virginia DMV Number (123-45-6789)

**Virginia** Department of Motor Vehicles Control Number

> Enter the same identification number as used on previous applications or licenses on file with the Department.

\* State law requires every applicant, who is not a sole proprietor or solely owned LLC, to provide a federal employer identification number. Sole proprietor or solely owned LLC who do not have a FEIN must provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

5. Mailing Address (PO Box accepted) \_\_\_\_\_  
 The mailing address will be printed on the approval.

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

6. Street Address (PO Box **not** accepted) \_\_\_\_\_  
 Check here if Street Address is the same as the Mailing Address listed above.

**PHYSICAL ADDRESS REQUIRED**

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

7. Contact Numbers  
 \_\_\_\_\_ Primary Telephone      \_\_\_\_\_ Alternate Telephone      \_\_\_\_\_ Fax

8. Email Address \_\_\_\_\_  
 Email address is considered a public record and will be disclosed upon request from a third party.

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
		\$ 500.00	1020		4130	

9. List all of the Sanctioning Organization's **responsible management** (sole proprietor, partners of a general partnership, general partners of a limited partnership, officers/directors of an association, managers/members of a limited liability company, or officers of a corporation).

Full Name	Title	Birth Date	Social Security No. or VA DMV Control Number*

10. Name of Responsible Person \_\_\_\_\_  
 (A person who can directly control the operations of the organization and can be contacted for matters related to this organization.)

Responsible Person's Telephone Numbers \_\_\_\_\_  
Primary Telephone Alternate Telephone

11. Does this organization or any of its officers, employees, or agents, directly or indirectly, have any **pecuniary interest** in, or **hold any position with**, any business associated with a promoter or otherwise operate for the sole benefit of a single promoter?  
 Yes  If yes, this organization **does not qualify**.  
 No  If no, attach **proof of a written code of conduct** for the organization's officers, agents and employees to protect against conflicts of interest, in accordance with the provisions of clause (iii) of subsection E of § 54.1-829.1 Additional documentation may be required, including corporate or individual tax returns, to verify compliance.

➤ **Pecuniary interest** means the opportunity to profit or share in economic benefit in the form of financial gain (e.g., money, property, commercial interest).

12. Does this organization or anyone listed on this application hold a **current or expired** license, certification, or registration to engage in boxing, martial arts or the sanctioning of such sports issued by any (including Virginia) local, state or national regulatory body?

- No   
 Yes  If yes, complete the following table and also provide an original Certification of Licensure♦ from each jurisdiction.

Business/Individual's Name	State	License, Certification, Registration or Approval Number (if applicable)	Expiration Date

- ♦ Certifications of Licensure, prepared by the state board or regulatory body must include: 1) the license/certification/registration number; 2) the initial date of approval; 3) the expiration date of the approval; 4) the minimum requirements that were met to qualify for this approval; and 5) all closed disciplinary actions resulting in a violation or undetermined finding.

13. Has this organization been in operation as a business for at least the three years immediately preceding the date of this application?  
 No  If no, this organization **does not qualify**.  
 Yes

14. Which experience category qualifies the applicant (must select at least one)?
- This organization has a minimum of five years of experience as a martial arts sanctioning organization, representing at least two different promotions during such five-year period in any United States jurisdiction(s).
  - This organization's responsible management/principal officers (separately or individually) have at least eight years of experience working as a referee or head official for an established sanctioning organization in any United States jurisdiction(s).
- Required Documentation: [Experience Verification Form\(s\)](#) must be completed for all relevant experience.
15. Has this organization or anyone listed on this application ever been subject to a **disciplinary action** taken by any (including Virginia) local, state or national regulatory body?
- No
- Yes  If yes, complete the [Disciplinary Action Reporting Form](#).
16. Has this organization or anyone listed on this application ever been refused or **denied** a business, professional or occupational license, certification, registration or approval by any (including Virginia) local, state or national regulatory body?
- No
- Yes  If yes, complete the [Denial of Licensure Reporting Form](#).
17. A. Has this organization or anyone listed on this application ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **felony**? Any plea of nolo contendere shall be considered a conviction.
- No
- Yes  If yes, complete the [Criminal Conviction Reporting Form](#).
- B. Has this organization or anyone listed on this application ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **misdemeanor**? Any plea of nolo contendere shall be considered a conviction.
- No
- Yes  If yes, complete the [Criminal Conviction Reporting Form](#).
18. Has this organization or anyone listed on this application ever had any **outstanding/past-due debts** (including child support arrearage); judgments; liens; past due 'unpaid' claims or suits; outstanding tax obligations; defaults on bonds; or pending/past bankruptcies?
- No
- Yes  If yes, you must attach related documentation.
19. By signing this application, I certify the following statements:
- I am aware that submitting false information or omitting pertinent or material information in connection with this application will delay processing and may lead to withdrawal of approval or denial of approval as a martial arts Amateur Sanctioning Organization.
  - I will notify the Department of any changes to the information provided in this application prior to receiving the requested approval including, but not limited to, any disciplinary action, adverse financial action, or felony or misdemeanor conviction (in any jurisdiction).
  - I authorize the Department to verify information concerning anyone listed on this application or any statement in this application from any person, or any source the Department may desire. I also agree to present any credentials or documents required or requested by the Department.
  - I authorize any federal, state or local government agency, current or former employer, or other individual or business to release information which may be required for a background investigation.
  - I have read, understand, and will maintain compliance with all the laws of the Commonwealth related to the conduct of amateur martial arts events under the provisions of § 54.1-829.1 of the Code of Virginia.

**Sanctioning Organization's Responsible Management - Officer, Owner, or an Agent's Signature is required:**

I certify that I am authorized to bind the applicant herein:

Print Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_