West Virginia State Athletic Commission

Fighting Experience Verification

FIGHTER: ___________________________________________  AGE: ______________________

WEIGHT: ___________________  D.O.B: ______________________

ADDRESS: ______________________________________________________________________

_________________________________________________________________________________

CITY  STATE  ZIP

Fighting Experience (Not including Toughman/Rough & Rowdy)

Have you ever fought as a professional in Boxing, Kickboxing, or MMA?  Yes  No

Are you, or have you ever been, a member of USA Boxing?  Yes  No

How many Toughman Tournament Championships have you won? ________

How many Rough & Rowdy Brawl Tournament Championships have you won? ________

What is your amateur Boxing Record (do NOT count R&R or TM fights) W_____L_____D_____

What is your Amateur kickboxing record W_____ L_____ D_____  

What is your Amateur MMA record  W_____ L_____ D_____  

I hereby swear or affirm, under penalties of perjury, that the statements made in this report are true, complete, and correct. I hereby swear and affirm that I have not won the championship in more than 3 tournaments, have no previous professional fighting experience and have not won over five sanctioned, amateur boxing, kickboxing, or MMA bouts combined.

_____________________________  ______________________  ______________________
Signed  Date

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