



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)

Amateur boxing record (Including USA Boxing) Wins _____ Losses _____ Draws _____

Amateur kickboxing record Wins _____ Losses _____ Draws _____

Amateur mixed martial arts record Wins _____ Losses _____ Draws _____

Semi Professional 2 Night Tournaments

Rough & Rowdy Brawl Wins _____ Losses _____

Toughman Competition Wins _____ Losses _____

Are you or have you ever been a USA Boxing Member? (Check One) **Yes** **No**

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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