

IAB TITLE QUALIFICATION INFO FORM

To see what IAB Title(s) you qualify for (*Pro or Amateur*) please Inform the IAB of your fighter background so the IAB can confirm your claimed bouts, opponents and fight record. Print out this form & Fax to the IAB (916) 663-4510.



PLEASE PRINT NEATLY

1. Full Name: _____
2. Fight Weight: _____ - Height: _____' _____" - Age: _____ & DOB: ____/____/____
3. City: _____ State/Prov: _____ Zip Code: _____
4. Country: _____
5. Trainers Name: (*List SELF if you train yourself*) _____
6. Trainers Contact Phone Number: _____
7. E-Mail (If One): _____
8. **Amateur** Fight record with KO's if any: _____ Wins _____ Loses _____ Draws _____ KO's/TKO'S
9. **Profession** Fight record **If a PRO.** _____ Wins _____ Loses _____ Draws _____ KO's/TKO'S

I certify the above is true and I confirm so by my signature here: _____, Date: ____/____/____

LAST BOUTS	CIRCLE PRO OR AMATEUR	BOUT DATE	BOUT OPPONENT	BOUT LOCATION EVENT PROMOTER	BOUT RESULT	BOUT WEIGHT
1	PRO AMATEUR	____/____/____	_____	_____	W - L D - NC	_____
2	PRO AMATEUR	____/____/____	_____	_____	W - L D - NC	_____
3	PRO AMATEUR	____/____/____	_____	_____	W - L D - NC	_____
4	PRO AMATEUR	____/____/____	_____	_____	W - L D - NC	_____
5	PRO AMATEUR	____/____/____	_____	_____	W - L D - NC	_____
6	PRO AMATEUR	____/____/____	_____	_____	W - L D - NC	_____
7	PRO AMATEUR	____/____/____	_____	_____	W - L D - NC	_____
8	PRO AMATEUR	____/____/____	_____	_____	W - L D - NC	_____
9	PRO AMATEUR	____/____/____	_____	_____	W - L D - NC	_____
10	PRO AMATEUR	____/____/____	_____	_____	W - L D - NC	_____