



Athlete Agent Registration Application

I. Applicant General Information

Companies with multiple applicants should complete a form for each person applying.

1. Applicant Name: _____
Last First Middle
2. Have you ever been known by any other name or surname (e.g. maiden name)? If so, state all names and when used:

3. Date of Birth: _____ 4. Citizenship: _____
5. Work Phone: _____ 6. Cell Phone: _____ 7. Fax: _____
8. E-Mail: _____
9. Company Name: _____
10. Street Address: _____
11. City/State/Zip: _____

II. Players' Association Registrations/Certifications

Check all that apply and enter effective and expiration dates.

- | | | |
|--|-----------------------|------------------------|
| <input type="checkbox"/> Major League Baseball Players' Association (MLBPA) | Effective Date: _____ | Expiration Date: _____ |
| <input type="checkbox"/> National Basketball Players' Association (NBAPA) | Effective Date: _____ | Expiration Date: _____ |
| <input type="checkbox"/> National Football League Players' Association (NFLPA) | Effective Date: _____ | Expiration Date: _____ |
| <input type="checkbox"/> National Hockey League Players' Association (NHLPA) | Effective Date: _____ | Expiration Date: _____ |
| <input type="checkbox"/> Other: _____ | Effective Date: _____ | Expiration Date: _____ |
| <input type="checkbox"/> Other: _____ | Effective Date: _____ | Expiration Date: _____ |

*Attach a copy of your current, valid registration for each organization checked.

1. Have you ever been disciplined or cited for a violation of a players' association regulation governing athlete agents? Yes No
If yes, please provide the following (attach a separate sheet if necessary):
 - a) Nature of the complaint or charge;
 - b) Date of the alleged violations; and
 - c) Result or status of the investigation, including action taken, and the authority imposing the action.

II. Players' Association Registrations/Certifications (continued)

2. Do you have business associates (e.g., "runners", marketing associates, etc.) that work with you or your company?
If yes, please identify all associates in the space provided below:

Yes No

Name: _____	Service(s) Provided: _____

III. Educational Information

Please provide the following information about your educational background.

Bachelor's Degree Degree Awarded/Major: _____
Date Received: _____ School: _____
City/State: _____

Master's Degree Degree Awarded/Major: _____
Date Received: _____ School: _____
City/State: _____

Other: _____ Degree Awarded/Major: _____
Date Received: _____ School: _____
City/State: _____

IV. Employment History

Please include information for the past five years.

1. Current Employer: _____ Date of Employment: _____
Current Job Title/Position: _____
Current Supervisor Name: _____ Phone: _____

2. Past Employer: _____ Date of Employment: _____
Job Title/Position: _____
Supervisor Name: _____ Phone: _____

3. Past Employer: _____ Date of Employment: _____
Job Title/Position: _____
Supervisor Name: _____ Phone: _____

4. Past Employer: _____ Date of Employment: _____
Job Title/Position: _____
Supervisor Name: _____ Phone: _____

5. Past Employer: _____ Date of Employment: _____
Job Title/Position: _____
Supervisor Name: _____ Phone: _____

V. Business Services Offered

Please indicate the services you/your company offer to athletes (check all that apply).

- | | | |
|--|--|--|
| <input type="checkbox"/> Contract Negotiations | <input type="checkbox"/> Estate Planning | <input type="checkbox"/> Financial Planning |
| <input type="checkbox"/> Tax Planning | <input type="checkbox"/> Investment Counseling | <input type="checkbox"/> Grievance - Arbitration |
| <input type="checkbox"/> Insurance Planning | <input type="checkbox"/> Insurance Coverage | <input type="checkbox"/> Appearance/
Endorsements |

1. Do you offer separate contracts for each service? Yes No

2. Do you manage your clients' funds? Yes No
If yes, please explain:

3. Are you bonded? If so, provide amount of bond, company and address below: Yes No

4. Are you currently registered in the Investment Advisor's Act? Yes No

5. Do you refer players to others for services(e.g., financial planning, disability insurance, etc.)? Yes No
If yes, list firm names, addresses, phone numbers and services you refer:

6. Do you receive a fee for referrals? Explain the basis of any such fees below: Yes No

7. Do you have an ownership interest; wholly or partially finance; or directly or indirectly exercise control of any firm or organization that provides services for players upon your referral? Yes No
If yes, identify the firms, addresses, phone numbers, services and your relationship to them below:

8. Explain your fee structure, including expenses billed to your clients above and beyond your standard percentage.

VI. Compliance Background

Check any and all of the following items applicable to you and attach complete information for each occurrence or charge, incident, or declaration, including dates, results status and authority overseeing the action.

1. Have you ever been involved in or investigated for allegedly participating in actions violating NCAA, conference, university, college, players' association, league, team or federation rules? Yes No

****If answered yes, please explain in detail on a separate sheet of paper and include with the application.***

2. Have you ever been convicted or plead guilty to a criminal charge other than a minor traffic offense? Yes No

****If answered yes, please explain in detail on a separate sheet of paper and include with the application.***

3. Have you ever been a defendant in civil proceedings including bankruptcy, involving allegations of fraud, misrepresentation, embezzlement, misappropriation of funds, conversion, and breach of fiduciary duty, forgery or legal mal practice? Yes No

****If answered yes, please explain in detail on a separate sheet of paper and include with the application.***

4. Have you ever been adjudicated insane or legally incompetent by any court? Yes No

****If answered yes, please explain in detail on a separate sheet of paper and include with the application.***

5. Have you ever been suspended or expelled from any college, university, law school or graduate school? If yes, please explain: Yes No

****If answered yes, please explain in detail on a separate sheet of paper and include with the application.***

6. Have you ever had unsatisfied judgments or continuing effect against you other than alimony or child support? If yes, please explain: Yes No

****If answered yes, please explain in detail on a separate sheet of paper and include with the application.***

7. Have you ever had any surety or bond on which you were covered been required to pay money on your behalf? If yes, please explain: Yes No

****If answered yes, please explain in detail on a separate sheet of paper and include with the application.***

8. Have you even been declared bankrupt or been an owner or part owner of a business which was declared bankrupt? If yes, please explain: Yes No

****If answered yes, please explain in detail on a separate sheet of paper and include with the application.***

VII. Professional Background

FOR APPLICANTS OTHER THAN LAWYERS OR LAW SCHOOL GRADUATES:

1. Please list any memberships you have in business or professional organizations that directly relate to your occupation or profession:

2. Please list any occupational or professional licenses or similar credentials you have obtained other than college or graduate school degrees (CPA, Charter Life Underwriter, etc.), including dates obtained. Indicated the status of any for which applications are currently pending.

3. If you have ever been suspended, reprimanded, censured or otherwise disciplined or disqualified as a member of any professional organization, or as a public office holder, please provide the action taken, dates, authority imposing the action, and their address:

QUESTIONS FOR LAWYERS AND LAW SCHOOL GRADUATES:

Bar Admissions: Please list all in which you have been admitted and any applications you have pending.

Jurisdiction: _____	Status: _____	Date: _____
Jurisdiction: _____	Status: _____	Date: _____
Jurisdiction: _____	Status: _____	Date: _____
Jurisdiction: _____	Status: _____	Date: _____
Jurisdiction: _____	Status: _____	Date: _____

1. Have you ever been disbarred, suspended, reprimanded, censured, or otherwise disciplined or disqualified as an attorney? Yes No

If yes, please provide the dates and action taken, the imposing authority and their address:

2. Are any charges or complaints currently pending against you regarding your conduct as an attorney? Yes No

If yes, please provide the charge/complaint pending, authority considering the complaint their address: and

3. Has your right to practice before any governmental office, bureau, agency, commission, etc. ever been disqualified, suspended, withdrawn, denied or terminated: Yes No

If yes, please attach supporting documentation:

