

APPLICATION FOR REGISTRATION AS AN ATHLETE AGENT



Attorney General Greg Zoeller
Consumer Protection Division
302 West Washington Street
Indianapolis, Indiana 46204

Telephone:
(800) 382-5516
(317) 232-6330
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www.in.gov/attorneygeneral

Please type or print clearly with a blue or black pen.

Information about Applicant

1. Type of Registration:

Initial Renewal

2. Name of Athlete Agent:

3. Date of Birth:

4. Address of Principal Place of Business:

5a. Business Phone Number:

5b. Business Fax Number:

5c. Business E-Mail address:

6. Name of business or employer (if any):

Applicant's Background and Experience

7. Please list any business(es) or occupation(s) you have engaged in for the past five (5) years:

8. Please describe your formal training as an athlete agent:

9. Please describe your practical experience as an athlete agent:

10. Please describe your educational background relating to your activities as an athlete agent:

References

11. Please list the names, addresses and phone numbers of three (3) individuals not related to you who are willing to serve as references:

- 1. _____

- 2. _____

- 3. _____

12. Please list the names, sports, and last known teams for each individual for whom you have acted as an athlete agent for the last five years:

Name	Sport	Team

Business Information

13. IF YOUR BUSINESS IS NOT A CORPORATION, please list the names and addresses of all partners, members, officers, managers, associates or profit sharers of the business. IF YOUR BUSINESS IS A CORPORATION OR YOU ARE EMPLOYED AS AN AGENT BY A CORPORATION, please list the officers, directors, and any shareholders of the corporation having an interest of five percent (5%) or greater:

16. Please describe any instance in which your conduct or the conduct of any person named in your answer to Question 13 resulted in the imposition of a sanction, suspension, or declaration of ineligibility to participate in an interscholastic or intercollegiate athletic event on a student athlete or educational institution:

17. Please describe any sanction, suspension or disciplinary action taken against the applicant or any person named in your answer to Question 13 arising out of occupational or professional conduct:

18. Has there been a denial of an application for, suspension or revocation of, or refusal to renew the registration or licensure of yourself or any person named in your answer to Question 13 as an athlete agent in any state: If the answer is YES, please explain:

I AFFIRM UNDER THE PENALITIES FOR PERJURY THAT THE FOREGOING IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature: _____

Printed Name: _____

Date: _____

AFFIDAVIT OF NOTARY

State of _____

County of _____

SS:

Before me the undersigned, a Notary Public for _____ County, State of _____, personally appeared _____, and acknowledged the execution of this instrument this _____ day of _____, 200__ .

SEAL

(Signature)_____

(Printed name)_____

My commission expires: _____

To apply for your two-year registration as an athlete agent, please submit this completed form and a check or money order for seven hundred dollars (\$700.00) made out to “Indiana Attorney General’s Office – Athlete Agent Registration” to:

Office of Indiana Attorney General Greg Zoeller

Consumer Protection Division
Athlete Agent Registration
Indiana Government Center South
5th Floor
302 West Washington Street
Indianapolis, Indiana 46204

Athlete Agent Background Investigation Authorization Form

(Please Read Carefully Before Signing)

The Fair Credit Reporting Act (Amended 1997) requires that we inform you that a background investigation may be processed as part of our screening and selection process. This investigation may include inquiries to gather legal information regarding your personal characteristics, mode of living, character and general reputation. This information, if gathered, is used to verify specific information that you provided on your Application for Registration as an Athlete Agent.

The items of personal information requested below are needed to process your background investigation. This information is intended solely for that purpose and will not be used in a discriminatory manner in the making of business decisions.

Social Security # _____ - _____ - _____ Your Date of Birth _____ - _____ - _____
(Month-Day-Year)

Driver's License # _____ State of Issue _____

List all your addresses for the past 7 years, starting with the most recent: (Must include present address)

Street Address	City	State	County	Zip Code	From Mo./Yr.	To Mo./Yr.
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_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Have you ever been convicted of a crime (other than minor traffic offenses)? Yes _____ No _____

If Yes, please explain charges: (Use additional paper if necessary) _____

What State, what County and What Year did these convictions occur? _____

Other names you have used, including maiden name and the date(s) your name(s) changed: _____

I authorize the Indiana Attorney General's Office and their agents to investigate my background as it pertains to my Application for Registration as an Athlete Agent. This may include information contained in public records which could include credit history, criminal files at the county, state and federal jurisdiction levels, motor vehicle records and investigations of employment history and performance and educational credentials. I hereby release all persons, companies or corporations furnishing such information from liability and responsibility. A photo static copy of this document can be substituted for the original. This document shall be valid for a period of 1 (one) year from the date of my signature.

Signature of Athlete

Agent Applicant: _____ Date: ____/____/____

Printed Full Name of Applicant _____