Commonwealth of Virginia
Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400
Richmond, Virginia 23233-1485
(804) 367-4857



<u>www.dpor.virginia.gov</u>

Department of Professional and Occupational Regulation

ATHLETE AGENT REGISTRATION APPLICATION

Prior to applying for registration, all applicants should read and understand the requirements set forth in the Code of Virginia; Title 54.1, Chapter 5.2 Athlete Agents - <a href="https://law.lis.virginia.gov/vacode/title54.1/chapter5.2/">https://law.lis.virginia.gov/vacode/title54.1/chapter5.2/</a>

A check or money order payable to the <u>TREASURER OF VIRGINIA</u>,

or a completed <u>credit card insert</u> must be mailed with your application package.

APPLICATION FEES ARE NOT REFUNDARIE

	APPLICATION FEES ARE NOT REFUNDABLE.													
	Applying for Initial: Fee Applying for Renewal: Fee													
	☐ 1 year	Registration (	1020)	\$700.00	☐ 1 y	ear Reg	istrati	on (2	(020	)	\$	700.00		
	2 year	Registration (	1021) \$	1,150.00	☐ 2 y	ear Reg	istrati	on (2	(020	)	\$1,	150.00		
	eep a copy of		•			nay <u>ren</u>	ew the	eir re	gistra	ation	by su	ıbmitting	g this	s application
	nd any chance		ū		•		-14				4	- 4l-!	!!	-4:
	you need addi	·							•				•	
	Provide a <u>current</u> or <u>previous</u> license, certification or registration issued by the Department of Professional and Occupational Regulation - (if applicable)													
	Virginia License Number Expiration Date													
1. F	1. Full Legal Name (As it appears on your government issued ID or other legal documentation.)													
	Last (required)		First	(required)				Middle						Generation
2.	Provide at least	st <u>one</u> of the fo	ollowing identi	fication nu	ımbers*:		_							
	Social S	ecurity Number	r and/or				- L		-			Ш		
	<u>Virginia</u>	DMV Control Nu	ımber											
		me identification nui												
		quires every applica nonwealth to provid											n or o	ccupation issued
3.	A. Date of B		I/DD/YYYY	B. P	lace of B	rth _								
4.	Maiden or For		ווווועטוו											
5.	Mailing Addres	` '	cented)											
5.	•	ng address will be	. ,											
	printed	on the license.		City								State		Zip Code
6.	Street Address	s (PO Box <u>not</u>	accepted)	Che	eck here if St	eet Addre	ss is the	same a	as the	Mailing	g Addre	ss listed ab	ove.	
	Applicant's P	rimary Place of	Business											
	PHYSICAL	. ADDRESS REQ	UIRED											
_				City								State		Zip Code
7.	Contact Numb	ers	Work Numbe	r		Cellp	hone N	umber					Fax	
8.	Email Address	;				·								
			Email addre	ss is conside	ered a public	record an	d will be	e disclo	sed u	pon re	quest f	rom a third	d part	у.
OFFICE	DATE	FEE	TRANS CODE	EN	ΓΙΤΥ #			FIL	E #/LICE	NSE #				ISSUE DATE
USE ONLY						420	1							

9.	Website Add	dress							
			(Personal and	d Business/Employer Websi	ite as applicable)				
10.	•	u hold a <u>curi</u> States?	rent Athlete Agent license, certi	fication or registratior	ı issued by any s	tate or territory of the			
	Yes	provi	s, complete the following table for de a Certificate of Registration/ atory body (Additional entries can		nding prepared by	•			
			State/Jurisdiction	License, Certi Registration		Expiration Date			
		<u> </u>							
			cate of Registration/Letter of Good Stand cortification/registration <b>number</b> ; 2) the						
	•	,	rough reciprocity?						
	No		If no, continue to question 11.  If yes, provide the following documents and then <b>skip to question 25</b> :						
	Yes'								
	* You must hold a <u>CURRENT</u> registration in good standing as an Athlete Agent in another jurisdiction to apply through reciprocapplication and registration requirements of the other jurisdiction must be substantially similar to, or more restrictive the requirements to obtain registration in Virginia. <u>Attach the following:</u> 1. Copy of your application used to apply for registration from another jurisdiction. The regis								
			sed for reciprocity must be <u>current</u>						
			atement, signed under penalty of place. Identifies any material change(s		dication OR				
			. Verifies there is no change in th	,					
		3. <u>C</u> e	ertificate of Registration prepare pr	•		ody, as requested in			
11.	A. Complet	e the followir	ng table for your educational back	<b>kground</b> relating to y	our activities as a				
	Fiel	ld of Study	Institution	Degree	Major	Completed MM/YY			
	B. Give a brief description of your <i>formal training</i> as an Athlete Agent:								

12. <b>Student Athlete Representation</b> - list <u>ALL</u> the student-athletes for whom the applicant acted as an Athlete Ag within the <b>last five years</b> (if student-athlete is a <i>minor</i> , list <u>only</u> the name of the minor's parent/guardian).	en
If you need additional space to complete a question, attach a separate sheet with your answers to this application.	
Student-Athlete Name (or parent/guardian for minor) Sport Last Known Team Name	
	_
	_
13. <b>Employment History</b> - provide the past 5 years of employment (include self-employment, and any professiona occupational license, registration or certificate held during this time):	Ιo
Business/Occupation/Job Title Employer Name Years of Employment License/Certification/Registration (If applicable)	l
<ul> <li>14. A. Current Business/Employer - complete the following table for each of the applicant's businesses or employer</li> </ul>	
Name of Business/Employer Mailing Address Telephone Number Organization* Nature of Business	_

<sup>\*</sup> For example: sole proprietorship, general partnership, solely owned LLC, corporation, limited partnership, limited liability company, etc. All businesses in Virginia must be registered with the State Corporation Commission, including all out-of-state businesses. For additional information, contact the SCC at <a href="https://www.scc.virginia.gov">www.scc.virginia.gov</a>.

- B. For every business and employer named above, **list each person** that:
  - 1. Is a partner, member, officer, manager, associate, or profit sharer of the Athlete Agent's business (if it is not a corporation)
  - 2. Directly or indirectly holds an equity interest of five percent or greater of the Athlete Agent's business (if it is not a corporation)
  - 3. Is an officer or director of a corporation employing the Athlete Agent
  - 4. Is a shareholder having an interest of five percent or greater in the corporation

Individual's Full Legal Name	Title	Address	Social Security No. or VA DMV Control No.*

15.	List all social media accounts with which you or your business or employer is affiliated:										
16.	<ul> <li>Have you or anyone listed under question 14.B. ever been subject to a <u>disciplinary action</u> taken by <u>any</u> (including Virginia) local, state, or national regulatory?</li> <li>No</li> <li>Yes If yes, complete the <u>Disciplinary Action Reporting Form</u>.</li> </ul>										
17.	<ul> <li>Have you or anyone listed under question 14.B. ever been refused or <u>denied</u> a professional, occupational or business license, certification, or registration by any (including Virginia) local, state or national regulatory body?</li> <li>No</li></ul>										
18.											
	B. Have you or anyone listed under question 14.B. ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any <u>misdemeanor</u> involving moral turpitude? Any plea of nolo contendere shall be considered a conviction.  No  Yes  If yes, complete the <u>Criminal Conviction Reporting Form.</u>										
19.	Have you or anyone listed under questarrearage); judgments; liens; past due pending/past bankruptcies?	e 'unpaid' claims or s	suits; outstanding tax obligations; o	•							
	Yes If yes, complete the Adverse Financial History Reporting Form										

20.	one seeking an adjudication of legal incompetence within the last 15 years?  No									
	Ye	es	the date and a full explanat	ion of each proce	eding:					
21.	Have you or anyone listed under question 14.B. ever had any administrative or judicial determination made against them for false, misleading, deceptive, or fraudulent representation?									
		No  Yes If yes, provide a certified copy of the determination entered by the court or administrative agency with lawful authority to issue such determination.								
Have you or anyone listed under question 14.B. ever engaged in <b>conduct</b> resulting in the imposition of a suspension, or declaration of ineligibility to participate in an interscholastic or intercollegiate athletic event of a athlete or a sanction on an educational institution?  No										
	Υe	es	a full description of the inst	ance and attach a	ny related doc	eumentation.				
23.	A.	List every state or territory of the United States where you <i>have ever applied</i> to be registered as an Athlete Agent that is not already named in question 10.A.								
		State/Jurisdiction	Date of Application	State/Juri	sdiction	Date of Application				
	В.		any application by you	•						
			or occupational license oth drawal, termination, reprim				refusal to			

24.	A.	List every sta players asso	te or territory of the United States ociation.	s where you are certified or	registered by a <b>professio</b>	nal league or				
			League or Association Name	Initial Certification/ Registration Date	Expiration Date of Certification/Registration					
	В.	Have you evassociation?  No	ver been <b>refused or denied</b> a  If yes, attach any related docum		n by a professional leagu	onal league or players				
	C.		rer been subject to reprimand, of ciation related to a certification or lf yes, provide a description of the	censure, or other disciplir registration?						
25.	•	<ul> <li>I am aware</li> </ul>	lication, I certify the following stat that submitting false information will delay processing and may lea	or omitting pertinent or ma		ction with this				
	<ul> <li>I will notify the Department of any changes to the information provided in this application prior to receiving the requested license, certification, or registration including, but not limited to any disciplinary action or conviction a felony or misdemeanor (in any jurisdiction).</li> </ul>									
	<ul> <li>I authorize the Department to verify information concerning me or any statement in this application from an person, or any source the department may contact. I also agree to present any credentials or document required or requested by the Department.</li> </ul>									
<ul> <li>I authorize any federal, state or local government agency, current or former employer, or other business to release information which may be required for a background investigation.</li> </ul>										
	ed to this profession under t	he provisions								
		• I declare u	nder penalty of perjury that the	foregoing, including any	attachment(s), is true and	d correct.				
		Signature			Date					
		Signature		tinues on the following pag		_				

## Photocopy this sheet if additional space is needed.

## Continued from page 2 -

Complete the following table only if additional space is needed.

- 10. A. Do you hold a <u>current</u> Athlete Agent license, certification or registration issued by any state or territory of the United States?
  - > If no, do **not** complete this section.
  - ► If yes, continue to complete the following table for each current license, certification or registration and provide a Certificate of Registration/Letter of Good Standing prepared by the state board or regulatory body •:

State/Jurisdiction	License, Certification or Registration Number	Expiration Date

• Certificate of Registration/Letter of Good Standing, prepared by the state board or regulatory body must include: 1) the license/certification/registration number; 2) the initial date of licensure; and 3) the expiration date of the license.