



CANNON BUILDING
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STATE OF DELAWARE
DEPARTMENT OF STATE

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DIVISION OF PROFESSIONAL REGULATION
STATE OF DELAWARE

APPLICATION FOR ATHLETIC AGENT REGISTRATION

Initial Application Fee (\$) _____) Renewal Application Fee (\$) _____)

1. Name of Athlete Agent: _____

2. Social Security Number: _____

3. Date of Birth: _____

4. Name of Principal Business or Employer: _____

5. Business or Employer Address: _____

6. Home Address: _____

(Please notify within 10 days of any address changes)

7. Telephone: (_____) _____ (_____) _____
(Home) (Business)

Email: _____

8. List all business(es) or occupation(s) you have been engaged in within the last five years.

9. Please describe your formal training and experience as an athlete agent and your educational background as it relates to the athletic activities as an athlete agent.

10. Please list names and addresses of three references that are not related to you.

11. List all professional sports in which you currently represent or have previously represented professional athletes, and for each such sport, specify the name of the athlete(s) you currently represent including the name of the last known team they were under contract with. This listing shall be inclusive of all representation within the last 5 years.

12. Athlete Agent is a: (please check all that apply)

- Sole proprietor
- Limited liability company
- Partnership
- Corporation
- Employee of a corporation

13. List the names and addresses of all persons that are financially interested as partners, members, managers, associates, or profit sharers of the business of athlete agent, or a corporation employing the athlete agent, the officers, directors and any shareholder of the corporation having an interest of five percent or greater.

14. Have you or any persons named in question #12 been convicted of a felony offense, misdemeanor or civil action involving moral turpitude in any state? Yes No

If yes, please describe circumstances.

15. Have you or any person named pursuant to question #12 been sanctioned, suspended or declared ineligible to participate in an interscholastic or intercollegiate athletic event on a student athlete or educational institution as a result of his/her conduct? Yes No

If yes, please describe circumstances.

16. Have you or any person named pursuant to question #12 been sanctioned, suspended or disciplined as a result of occupational or professional conduct? Yes No

If yes, please describe circumstances.

17. Have you or any person named pursuant to question #12 been denied an application, registration or renewal of a licensure in any State as a result of suspension, revocation or refusal to renew? Yes No

If yes, please describe circumstances.

18. Have you ever been sued by an athlete? Yes No

If yes, please describe circumstances.

19. What services does your firm provide to the athletes? (Please place a check next to each service provided.)

- | | |
|---|---|
| Contract Negotiation <input type="checkbox"/> | Estate Planning <input type="checkbox"/> |
| Grievance-Arbitration <input type="checkbox"/> | Tax Planning <input type="checkbox"/> |
| Appearances/Endorsements <input type="checkbox"/> | Financial Planning <input type="checkbox"/> |
| Other Services <input type="checkbox"/> | |

Explain: _____

20. If your firm does not provide services in one or more of the listed areas do you assist an athlete in securing such services? Yes No

If yes, describe what you do in this regard (include name and address of each individual you customarily refer athletes for each service).

I, the applicant named in the above, do hereby certify under penalty of law, that the information contained herein is true, correct and complete to the best of my knowledge and belief. I am aware that, should an investigation at any time disclose any such misrepresentation or falsification, my application(s) could be rejected or my certification revoked by the Delaware Division of Professional Regulation.

APPLICANT'S SIGNATURE: _____ **DATE:** _____