

ATHLETE AGENT CREDENTIALS FORM

PRIOR CLIENTS

Has the applicant acted as an athlete agent during the five years prior to this application? Yes No

If yes, provide the name, sport, and team for each student athlete for whom you acted as an athlete agent during the five years prior to this application. Attach additional pages if necessary. **If the individual is a minor, provide the name of the parent or guardian of the minor.**

NAME	SPORT	LAST KNOWN TEAM

CURRENT REGISTRATIONS AND PENDING APPLICATIONS

List each state in which the applicant currently is registered as an athlete agent or has applied to be registered as an athlete agent.

STATE	STATUS	STATE	STATUS
	Registered <input type="checkbox"/> Pending <input type="checkbox"/>		Registered <input type="checkbox"/> Pending <input type="checkbox"/>
	Registered <input type="checkbox"/> Pending <input type="checkbox"/>		Registered <input type="checkbox"/> Pending <input type="checkbox"/>
	Registered <input type="checkbox"/> Pending <input type="checkbox"/>		Registered <input type="checkbox"/> Pending <input type="checkbox"/>
	Registered <input type="checkbox"/> Pending <input type="checkbox"/>		Registered <input type="checkbox"/> Pending <input type="checkbox"/>
	Registered <input type="checkbox"/> Pending <input type="checkbox"/>		Registered <input type="checkbox"/> Pending <input type="checkbox"/>

EMPLOYMENT HISTORY

Provide employment history for the five (5) years preceding the date of this application. Include self-employment and employment by others. Attach additional pages if necessary.

Employer		Position Title	
Address			
City		State	Zip Code
Dates of Employment From ____/____/____ To ____/____/____		Description of Duties	

Employer		Position Title
Address		
City	State	Zip Code
Dates of Employment From ____/____/____ To ____/____/____	Description of Duties	

FORMAL TRAINING

Does the applicant have formal training as an athlete agent? Yes No

If yes, when was formal training obtained?

From ____/____/____ to ____/____/____

Name of training facility _____

Location _____

Provide a description of the formal training:

PRACTICAL EXPERIENCE

Does the applicant have practical experience as an athlete agent? Yes No

If yes, when was the practical experience obtained?

From ____/____/____ to ____/____/____

Name of business _____

Location _____

Provide a description of the practical experience:

EDUCATIONAL BACKGROUND

Does the applicant have an educational background relating to the applicant's activities as an athlete agent? Yes No

If yes, when was the education obtained?

From _____/_____/_____ to _____/_____/_____

Name of educational facility _____

Location _____

Provide a description of the education:

PROFESSIONAL LEAGUES OR PLAYERS ASSOCIATIONS

Is the applicant certified or registered by a professional league or players association? Yes No

If yes, provide the following information for each league and association. Attach additional pages if necessary.

Organization name _____

Date of certification or registration _____

Date of expiration of the certification or registration _____

Organization name _____

Date of certification or registration _____

Date of expiration of the certification or registration _____

Organization name _____

Date of certification or registration _____

Date of expiration of the certification or registration _____

Provide the following information, if applicable: the date of a denial of an application for, suspension or revocation of, refusal to renew, withdrawal of, or termination of, certification or registration by a professional league or players association, or any reprimand or censure related to certification or registration by a professional league or players association.
