Commonwealth of Virginia Department of Professional and Occupational Regulation 9960 Mayland Drive, Suite 400 Richmond, Virginia 23233-1485 (804) 367-4857 www.dpor.virginia.gov Dep



Department of Professional and Occupational Regulation

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 - <u>https://law.lis.virginia.gov/vacode/title54.1/chapter5.2/</u>

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 REFUNDABLE.

Applying for Initial:	Fee	Applying for Renewal :	Fee
1 year Registration (1020)	\$700.00	1 year Registration (2020)	\$700.00
2 year Registration (1021)	\$1,150.00	2 year Registration (2020)	\$1,150.00

- Keep a copy of this application for your records. Licensees may <u>renew</u> their registration by submitting this application and any chances that have occurred during the renewal cycle.
- If you need additional space to complete a question, attach a separate sheet with your answers to this application.
- 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. Full Legal Name (As it appears on your government issued ID or other legal documentation.)

	Last (required)		First	required	1)			N	liddle							Generatio	1	
2.	Provide at least on	e of the fo	lowing identifi	cation	numbers	s*:												
	Social Securi	ty Number	and/or				-	· [] -]			
	Uirginia DMV	Control Nu	mber]			
	 Enter the same ide 	entification num	ber as used on exa	aminatio	n, previous a	applicati	ons or li	censes	on file	with th	ne d	epar	ment		-			
	 State law requires by the Commonwe 															n or occ	upation issu	ed
3.	A. Date of Birth	MM/		В.	Place o	f Birth												
4.	Maiden or Former I																	
5.	Mailing Address (P		ented)															
5.	The mailing add		opicu)															—
	printed on the	e license.		City										State	·	7	Zip Code	
6.	Street Address (PC) Box not		-	Check here	if Street	Addres	s is the	same a	as the	Ма	iling .	Addre					
0.	Applicant's Primar		. ,															
	PHYSICAL ADD	•																_
				City										State	<u>е</u>	Z	Zip Code	—
7.	Contact Numbers																	
			Work Number				Cellpł	none Nu	mber							Fax		—
8.	Email Address																	
			Email address	s is con	sidered a pu	ublic rec	ord and	d will be	disclo	osed u	upor	n req	uest	rom a	a third	party.		_
OFFICE	DATE	FEE	TRANS CODE		ENTITY #				FIL	E #/LIC	ENSE	Ξ#					ISSUE DATE	٦
USE ONLY							420 ⁻	1										

(Personal and Business/Employer Website as applicable)

- 10. A. Do you hold a *current* Athlete Agent license, certification or registration issued by any state or territory of the United States?
 - No [

Yes If yes, complete the following table for <u>each current license, certification or registration</u> and provide a Certificate of Registration/Letter of Good Standing prepared by the state board or regulatory body: (Additional entries can be made on the last page.)

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.

B. Are you applying through reciprocity?

No If no, continue to question 11.

Yes* If yes, provide the following documents and then skip to question 25:

* You must hold a <u>CURRENT</u> registration in good standing as an Athlete Agent in another jurisdiction to apply through reciprocity. The application and registration requirements of the other jurisdiction must be substantially similar to, or more restrictive than, the requirements to obtain registration in Virginia.

Attach the following:

- 1. Copy of your application used to apply for registration from another jurisdiction. The registration used for reciprocity must be <u>current</u>.
- 2. Statement, signed under penalty of perjury, that :
 - a. Identifies any material change(s) provided on the application OR
 - b. Verifies there is no change in the information provided.
- 3. <u>Certificate of Registration</u>⁺ prepared by the state board or regulatory body, as requested in question #10.A.

11. A. Complete the following table for your *educational background* relating to your activities as an Athlete Agent:

Field of Study	Institution	Degree	Major	Completed MM/YY

B. Give a brief description of your *formal training* as an Athlete Agent:

- 12. **Student Athlete Representation** list <u>ALL</u> the student-athletes for whom the applicant acted as an Athlete Agent within the **last five years** (if student-athlete is a *minor*, list <u>only</u> the name of the minor's parent/guardian).
- > 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. **Employment History** - provide the past 5 years of employment (include self-employment, and any professional or occupational license, registration or certificate held during this time):

Business/Occupation/Job Title	Employer Name	Years of Employment	License/Certification/Registration (If applicable)

14. A. **Current Business/Employer** - complete the following table for each of the applicant's businesses or employers

Name of Business/Employer	Mailing Address	Telephone Number	Form of Organization*	Nature of Business

* 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 <u>www.scc.virginia.gov</u>.

- 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)
 - 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. 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?

No 🗌

Yes If yes, complete the Disciplinary Action Reporting Form.

- 17. Have you or anyone listed under question 14.B. ever been refused or **denied** a professional, occupational or business license, certification, or registration by any (including Virginia) local, state or national regulatory body?
 - No 🗌

Yes If yes, complete the <u>Denial of Licensure Reporting Form.</u>

18. A. 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>felony</u>? Any plea of nolo contendere shall be considered a conviction.

Yes If yes, complete the <u>Criminal Conviction Reporting Form</u>.

- 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 **misdemeanor involving moral turpitude**? *Any plea of nolo contendere shall be considered a conviction.*
 - No 🗌

Yes If yes, complete the Criminal Conviction Reporting Form.

- 19. Have you or anyone listed under question 14.B. ever had any <u>outstanding/past-due debts</u> (including child support arrearage); judgments; liens; past due 'unpaid' claims or suits; outstanding tax obligations; defaults on bonds; or pending/past bankruptcies?
 - No 🗌

Yes If yes, complete the Adverse Financial History Reporting Form

No 🗌

20.	Have you or anyone listed under question 14.B. ever been a defendant or respondent in a civil proceeding, in	ncluding
	one seeking an adjudication of legal incompetence within the last 15 years?	

No	
Yes	If yes, provide the date and a full explanation of each proceeding:

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	
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- Yes 🗌 If yes, provide a certified copy of the determination entered by the court or administrative agency with lawful authority to issue such determination.
- 22. Have you or anyone listed under question 14.B. ever engaged in **conduct** resulting in the imposition of a sanction, suspension, or declaration of ineligibility to participate in an interscholastic or intercollegiate athletic event of a student-athlete or a sanction on an educational institution?
 - No
 - Yes 🔲 If yes, provide a full description of the instance and attach any related documentation.

23. A. List every state or territory of the United States where you *have ever applied* to be registered as an Athlete Agent that is not already named in question 10.A.

State/Jurisdiction	Date of Application		State/Jurisdiction	Date of Application
		-		

B. Describe the status of any application by you or anyone listed under question #14.B. for a state or federal business, professional, or occupational license <u>other than</u> as an Athlete Agent (including any denial, refusal to renew, suspension, withdrawal, termination, reprimand, or censure related to the license).

24. A. List every state or territory of the United States where you are certified or registered by a **professional league** or **players association**.

League or Association Name	Initial Certification/ Registration Date	Expiration Date of Certification/Registration

B. Have you ever been *refused or denied* a certification or registration by a professional league or players association?

Yes 🔲 If yes, attach any related documentation.

C. Have you ever been subject to reprimand, censure, or other disciplinary action by a professional league or players association related to a certification or registration?

No	
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Yes 🔲 If yes, provide a description of the disciplinary action and attach any related documentation.

- 25. By signing this application, I certify the following statements:
 - I am aware that submitting false information or omitting pertinent or material information in connection with this application will delay processing and may lead to license revocation or denial of license.
 - 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 of a felony or misdemeanor (in any jurisdiction).
 - I authorize the Department to verify information concerning me or any statement in this application from any person, or any source the department may contact. I also agree to present any credentials or documents required or requested by the Department.
 - I authorize any federal, state or local government agency, current or former employer, or other individual or business to release information which may be required for a background investigation.
 - I have read, understand and complied with all the laws of Virginia related to this profession under the provisions of Title 54.1, Chapter 5.2, Athlete Agents; of the *Code of Virginia*.
 - I declare under penalty of perjury that the foregoing, including any attachment(s), is true and correct.

Signature

Date

(Question #10.A continues on the following page.)

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 *current* Athlete Agent license, certification or registration issued by any state or territory of the United States?
 - > If no, do <u>not</u> 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.