



STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS

ATHLETIC AGENT EMPLOYEE FORM INITIAL

Mailing Address

P.O. Box 5757
Columbia, SC 29250-5757

S.C. Code Ann. § 59-102-10 et seq. (Supp. 2004)

www.state.sc.us/consumer

803-734-4236/800-922-1594

Street Address

3600 Forest Drive
Columbia, SC 29204-4406

DO NOT FAX THIS FORM

(An original, signed and notarized form is required)

The following information **MUST** be provided on a separate form for EACH AGENT, EMPLOYEE, AND REPRESENTATIVE, listed in **Question 19** of the **Athlete Agent Certificate of Registration Application**. This form may be duplicated. If any of the information on this form changes, submit a revised form to the Department. Incomplete information could result in delay or denial of your application. **Attach additional pages as necessary.**

Registration No. (if applicable) _____

1. Company name: _____
(Current Employer)

2. Your legal name: _____
(Last) (First) (Middle)

Have you been known by any other name? Yes No If yes, state the name: _____

3. Business relationship or title: _____
*If an owner, partner, officer or member, state your ownership interest (Ex. 25%) _____

4. Present Home/Street Address: _____

(City) (State) (Zip) (County)

How long at this address? _____

5. Work telephone: _____ - -

6. Home telephone: _____ - -

7. Fax: _____ - -

8. Date of Birth: _____ / / _____
(mm/dd/yyyy)

9. SSN: _____ - -

10. Driver's License No. _____ State & Date of Issue: _____

11. **EDUCATIONAL BACKGROUND:** (College and Higher)

SCHOOL	DATES ATTENDED	DEGREE (also indicate major)

12. **EMPLOYMENT BACKGROUND:** Describe your employment for the past five years, starting with current employment.

NAME OF EMPLOYER	ADDRESS & TELEPHONE NO.	DATES OF EMPLOYMENT	POSITION	NAME OF OWNER

13. **TRAINING AND EXPERIENCE:** List any other pertinent experience or background relating to athlete agent activities, including on-the-job training.

14. **OTHER LICENSES AND REGISTRATIONS:**

Are you licensed as an athletic agent in any other state? YES NO

If so, list state, licensing organization, license number and expiration date. (Attach additional sheets as necessary)

a. State: _____ License No. _____
Expiration Date: _____ Licensing Organization: _____

b. State: _____ License No. _____
Expiration Date: _____ Licensing Organization: _____

c. State: _____ License No. _____
Expiration Date: _____ Licensing Organization: _____

15. Are you licensed as an athletic agent with a college, or university? YES NO

If so, complete the following section. (Attach additional sheets as necessary)

a. College or University _____ Location _____
Expiration Date: _____ Licensing No. _____

b. College or University _____ Location _____
Expiration Date: _____ Licensing No. _____

16. **REPRESENTATION:** List the name, sport, and last known team for each individual for whom you acted as an athlete agent during the five years preceding the date of submission of the application. (attach additional sheets as necessary)

STUDENT ATHLETE	SPORT	TEAM

BACKGROUND INFORMATION: Mark an X in the appropriate box. **Attach details as necessary**

- | | | | |
|--|------------|-----------|--|
| | YES | NO | |
|--|------------|-----------|--|
17. Have you ever been convicted of a felony or of an offense involving breach of trust, moral turpitude or dishonest dealings within the past ten years? Provide details about the offense, including conviction date, court, penalty and attach a certified copy of the Criminal Docket Sheet and the Presentence Investigation Report.
18. Has there been any administrative or judicial determination made that a false, misleading, deceptive, or fraudulent representation was made by you?
19. Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to, any warning, reprimand, suspension, probation, limitation or revocation? Provide details, including the name of the agency and date of action.
20. Is disciplinary action pending against you in any jurisdiction? Provide details, including the name of the agency and status of action.
21. Have you ever had any civil judgments, lawsuits or liens brought against them?
22. Have you ever engaged in any conduct which resulted in the imposition against a student athlete or educational institution of a sanction, suspension, or declaration of ineligibility to participate in an interscholastic or intercollegiate event?
23. Have you read and are you familiar with the Uniform Athletic Agent Act, S.C. Code Ann. § 59-102-10 et seq.?

24. **REFERENCES:** List the name and addresses of three individuals not related to you who are willing to serve as references:

NAME	ADDRESS

I swear or affirm and certify that I have completed and/or reviewed all information on this form and that all information contained herein is true, current and correct. I further certify that I understand that giving false information constitutes cause for denial or revocation of the application and subjects me to criminal prosecution for perjury. I acknowledge that I have a duty and agree to update and correct this information as it changes.

Signature of Applicant/Agent

Type or Print your name and Business Relationship or Title

SWORN TO AND SUBSCRIBED before me
this _____ day of _____, 20__

Notary Public For _____
My Commission Expires: _____

**The South Carolina Freedom of Information Act
may require the Department of Consumer Affairs
to release this form as a public record.**