

STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS

ATHLETE AGENT EMPLOYEE FORM: RENEWAL APPLICATION

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

S.C. Code Ann. § 59-102-10 et seq. (Supp. 2004)
www.sconsumer.gov
803-734-4236/800-922-1594

Street Address
3600 Forest Drive
Columbia, SC 29204-4406

Please Type or Print Legibly. In order for your application to be processed, complete all of the following questions. Incomplete information could result in delay or denial of your application. **You may only complete this form if you have previously filed an Athlete Agent Employee Form. FILE BY MAY 7th. DO NOT FAX THIS FORM**

1. Company Name: _____ Registration No.: _____
(Current Employer)
2. Applicant's Name: _____
(Last) (First) (Middle)
3. Resident Address: _____
(Street)

(City) (State) (Zip Code)
4. Work Phone: _____ 5. Home Phone: _____ 6. Date of Birth: _____ 7. SSN: _____
8. YES NO Since the last application, has your educational background changed? If yes, attach details, including the name of the school, dates attended, and degree obtained.
9. Has there been any change in your employment? If yes, attach details.
10. Have you received further pertinent training or experience? If yes, attach details.
11. Has there been any change to the states, colleges, or universities to which you are registered or licensed? If yes, attach details, including the name of the licensing organization, state, expiration date and license number.
12. Have there been any changes to the Background Questions? (#15-#20 on the Athlete Agent Employee Form). If yes, attach complete details.
13. Would you like to change any of the listed references? If yes, attach the names and addresses of the new references and who you would like them to replace.
14. Have you acted as an Athlete Agent to any student athlete since your last application? If yes, complete the spaces below and attach additional sheets as necessary.

STUDENT ATHLETE	SPORT	TEAM

The undersigned swears or affirms and certifies that he/she has completed and/or reviewed all information in this application and that all information contained herein and in all addending and supplemental forms is true and accurate. The undersigned further certifies that giving false information in this application or any addending or supplemental forms constitutes cause for denial or revocation of the application or license and subjects him/her to criminal prosecution for perjury. The undersigned acknowledges the duty and agrees to update and correct this information as it changes.

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

Notary Public For : _____
My Commission Expires: _____ Print name, and Business Relationship or Title _____

The South Carolina Freedom of Information Act may require the Department to release this form as a public record; however, personal identifying information will be released only if required by law.