



**STATE OF SOUTH CAROLINA  
DEPARTMENT OF CONSUMER AFFAIRS**

**ATHLETE AGENT CERTIFICATE OF REGISTRATION - RENEWAL**

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

S.C. Code Ann. § 59-102-10 *et seq.* (Supp. 2004)  
[www.sccoconsumer.gov](http://www.sccoconsumer.gov)  
803-734-4236/800-922-1594

**Street Address**  
3600 Forest Drive  
Columbia, SC 29204-4406

**ALL RENEWAL APPLICANTS MUST SUBMIT:**

**A. APPLICATION FORMS**

- Athlete Agent Certificate of Registration Renewal Application **AND**
- Athlete Agent Employee Form(s)/ Employee Renewal Form - *These forms must be completed by all Athlete Agents expected to solicit or continue to solicit student athletes, OR*
- \*Alternate Documents (See D Below)

**B. FEE**

- A licensing fee of \$300.00

**C. CONTRACT**

- A copy of the Agency Contract – *This contract must comply with [Section 59-102-100](#) of the UAAA of 2004*

**D. BUSINESS RECORDS**

South Carolina businesses must also submit:

- A copy of your ARTICLES OF INCORPORATION or ARTICLES OF ORGANIZATION or AGREEMENT, and
- A certified copy of the last CERTIFICATE OF EXISTENCE, dated not more than 180 days prior to the date of the application, issued by the South Carolina Secretary of State;

Out of State businesses must also submit:

- A copy of your ARTICLES OF INCORPORATION or ARTICLES OF ORGANIZATION OR AGREEMENT, and
- A certified copy of a CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS in the State of South Carolina.

*Applications for and copies of Articles, Certificates of Existence, and Certificates to Transaction Business may be obtained by contacting the South Carolina Secretary of State's Office at (803) 734-2158 or [www.scsos.com](http://www.scsos.com).*

**E. Upon review of the completed application packet, the Department will:**

- Inform the applicant that a Certificate will be issued; or
- Deny issuance of a Certificate

**RENEWAL**

The Certificate of Registration MUST BE RENEWED BIENNIALLY by May 7th. (Postmarked by May 1)

**\*OUT OF STATE APPLICATION**

Applicants who have filed for renewal in other states may submit **a copy of that application** and **certificate** received instead of submitting an application in the form prescribed pursuant to subsection (A) above, IF the following circumstances are met:

- The applicant applied for and holds a certificate, registration, or licensure as an athlete agent in another state;
- The application was submitted in the other state within six months preceding the submission of the application in this State and the applicant certifies that the information contained in the application is current;
- The application contains information substantially similar to or more comprehensive than that required in an application submitted in this State; and
- The application was signed by the applicant under penalty of perjury.

**MAKE CHECKS PAYABLE TO**

South Carolina Department of Consumer Affairs

**SEND COMPLETED APPLICATION TO**

Darlene Dinkins, Program Coordinator  
Athlete Agent Renewal  
S.C. Department of Consumer Affairs  
P.O. Box 5757  
Columbia, SC 29250-5757



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See Application Instructions. 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. This form, as well as each supplemental form, must be notarized. **FILE BY MAY 7th.** (Postmarked by May 1)

Registration No. \_\_\_\_\_

1. Applicant's Name: \_\_\_\_\_  

(Last)
(First)
(Middle)
2. Company Name: \_\_\_\_\_  

(Current Employer)
- Trade Name or D/B/A: \_\_\_\_\_
3. Mailing Address: \_\_\_\_\_  

(City)
(State)
(Zip)
4. Physical Address: \_\_\_\_\_  

(City)
(State)
(Zip)
5. Phone: ( ) - \_\_\_\_\_
6. Fax: ( ) - \_\_\_\_\_
7. Web Address (URL): \_\_\_\_\_

- |     | YES                      | NO                       |   |
|-----|--------------------------|--------------------------|---|
| 8.  | <input type="checkbox"/> | <input type="checkbox"/> | Since the last application, has the business type for the organization changed? If yes, state the new type.<br><input type="checkbox"/> sole proprietorship <input type="checkbox"/> partnership <input type="checkbox"/> professional association <input type="checkbox"/> corporation<br><input type="checkbox"/> limited liability partnership (LLP) <input type="checkbox"/> limited liability company (LLC) <input type="checkbox"/> other _____ |
| 9.  | <input type="checkbox"/> | <input type="checkbox"/> | Has there been any change to the partners, members, managers, associates, profit-sharers, officers, directors or any shareholders of the business having an interest of 5% or greater? If yes, attach complete details of the change, including the name, address, and position of new persons.   |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | Have there been any changes to the Background Questions? (#12-#17 on the Athlete Certificate for Registration Application). If yes, attach complete details.  |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | Has the List of Athlete Agents expected to solicit or recruit or assist in soliciting or recruiting student athletes in South Carolina, changed? If yes, attach details of the change, including the name and address of new agents.<br><b>NOTE: New agents must complete a separate Athlete Agent Employee Form. Sustaining agents must complete an Employee Renewal Form.</b>   |

**OTHER ATTACHMENTS**

Please use the checklist below to verify your application packet is complete. **Incomplete packets could result in delay or denial of your application.**

- |                              |   |  |
|------------------------------|---|--|
| If not previously submitted: | <input type="checkbox"/> Articles of Incorporation/Organization/Agreement | <input type="checkbox"/> S.C. Secretary of State Certificate |
|                              | <input type="checkbox"/> Copy of Agency Contract                          |  |
| All applicants must submit:  | <input type="checkbox"/> Agent/Employee Forms                             | <input type="checkbox"/> \$300 Filing Fee                    |

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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, 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.**