



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

**ATHLETE AGENT REGISTRATION:  
RENEWAL APPLICATION INSTRUCTIONS**

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

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

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

**ALL RENEWAL APPLICANTS MUST SUBMIT THE FOLLOWING:**

**A. RENEWAL APPLICATION FORMS**

- Renewal Athlete Agent Business Form **AND**
- Renewal Athlete Agent Employee Form (*This form must be completed by all Athlete Agents expected to solicit and/or contract with student athletes*) **OR**
- Out of State Application
  - Applicants who have filed an application for renewal of athlete agent registration in another state may submit a **copy of that application** and **certificate/ license** received in lieu of submitting the documents above if the following criteria are met:
    - The applicant applied for and holds a certificate, registration or license as an athlete agent in a state;
    - The application was submitted to the state within six months preceding the submission of the application to this State;
    - The application contains information substantially similar to or is more comprehensive than the South Carolina application forms;
    - The application was signed by the applicant under penalty of perjury; **AND**
    - The applicant certifies that the information contained in the application is current and accurate.

**B. FEE**

- \$300 Renewal Registration Fee

**C. SUBMISSION**

- The required renewal forms and fee must be submitted to the Department **45 days prior to Certificate expiration.**

**Make Checks Payable To:**  
**Send Completed Applications To:**

**South Carolina Department of Consumer Affairs  
Legal Division: Athlete Agent Division  
P.O. Box 5757  
Columbia, SC 29250-5757**



# STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS

## ATHLETE AGENT REGISTRATION RENEWAL APPLICATION: RENEWAL BUSINESS FORM

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

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

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

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. **DO NOT FAX THIS FORM**

1. Applicant's Name: \_\_\_\_\_  
(Last) (First) (Middle)

2. Company Name: \_\_\_\_\_ Registration No. \_\_\_\_\_  
(Current Employer)

Trade Name: (d/b/a): \_\_\_\_\_

3. Mailing Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_ (City) (State) (Zip Code)

4. Physical Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_ (City) (State) (Zip Code)

5. Phone No.: \_\_\_\_\_

6. Fax No.: \_\_\_\_\_

- YES NO**
7.   Since the last application, has the business type for the organization changed? If yes, state the new Type and attach supporting documentation. \_\_\_\_\_
8.   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.
9.   Have there been any changes to the Background Questions answered on previous applications submitted? If yes, attach complete details.
10. List the names of the Agents expected to solicit or recruit or assist in soliciting or recruiting South Carolina student athletes, or currently engaging in such activities, including applicant. **NOTE: New Agents must complete a separate Athlete Agent INITIAL Employee Form. Sustaining Agents must complete an Athlete Agent RENEWAL Employee Form.** (Attach additional sheets as necessary).

Name: \_\_\_\_\_ Status (New or Renewing): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. **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**  
 All Applicants Must Submit:  Agent Employee Forms / Renewal Employee Forms for each Agent  \$300 Filing Fee

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

\_\_\_\_\_  
Print name and Business Relationship or Title

Notary Public For : \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

**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.**