



# STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS

## ATHLETIC AGENT EMPLOYEE FORM

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

[www.state.sc.us/consumer](http://www.state.sc.us/consumer)

803-734-4236/800-922-1594

**Mailing Address**

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

**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.**

1. Company name: \_\_\_\_\_ Registration No. (if applicable) \_\_\_\_\_  
(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: \_\_\_\_\_ How long at this address? \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_ Work telephone: \_\_\_\_\_ - -  
Home telephone: \_\_\_\_\_ - -  
Fax: \_\_\_\_\_ - -
5. Date of Birth: \_\_\_\_\_ 6. SSN: \_\_\_\_\_ - - - -
7. Driver's License No. \_\_\_\_\_ 8. State & Date of Issue: \_\_\_\_\_
9. **EDUCATIONAL BACKGROUND:** (College and Higher)

SCHOOL	DATES ATTENDED	DEGREE (also indicate major)

10. **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

List any other pertinent experience or background relating to athletic agent activities including on-the-job training.

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)

State: \_\_\_\_\_ License No. \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_ Licensing Organization: \_\_\_\_\_

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State: \_\_\_\_\_ License No. \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_ Licensing Organization: \_\_\_\_\_

Are you licensed as an athletic agent with a college, or university? YES  NO   
 If so, list college, or licensing organization, license number and expiration date. (Attach additional sheets as necessary)

College or University \_\_\_\_\_ Location \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_ Licensing Organization \_\_\_\_\_

College or University \_\_\_\_\_ Location \_\_\_\_\_  
 Expiration Date \_\_\_\_\_ Licensing Organization \_\_\_\_\_

List the name, sport, and last known team for each individual for whom the applicant or agent acted as an athletic agent during the five years next preceding the date of submission of the application. (attach additional sheets as necessary)

STUDENT ATHLETE	SPORT	TEAM

Mark an X in the appropriate box. If you answer "Yes" to any question, give all details on a separate sheet.

- |   |   |   |
|---|---|---|
| YES <input type="checkbox"/><br>NO <input type="checkbox"/> | YES <input type="checkbox"/><br>NO <input type="checkbox"/> | Has the applicant or agent 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. |
| YES <input type="checkbox"/><br>NO <input type="checkbox"/> | YES <input type="checkbox"/><br>NO <input type="checkbox"/> | Has there been any administrative or judicial determination made that a false, misleading, deceptive, or fraudulent representation was made by the applicant or agent?  |
| YES <input type="checkbox"/><br>NO <input type="checkbox"/> | YES <input type="checkbox"/><br>NO <input type="checkbox"/> | Has there been any administrative or judicial determination made that a false, misleading, deceptive, or fraudulent representation was made by the applicant or agent?  |
| YES <input type="checkbox"/><br>NO <input type="checkbox"/> | YES <input type="checkbox"/><br>NO <input type="checkbox"/> | Has any licensing or other credentialing agency ever taken any disciplinary action against the applicant or agent, 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.   |
| YES <input type="checkbox"/><br>NO <input type="checkbox"/> | YES <input type="checkbox"/><br>NO <input type="checkbox"/> | Is disciplinary action pending against the applicant or agent in any jurisdiction? Provide details, including the name of the agency and status of action.  |
| YES <input type="checkbox"/><br>NO <input type="checkbox"/> | YES <input type="checkbox"/><br>NO <input type="checkbox"/> | Has the applicant or agent ever had any civil judgments, lawsuits or liens brought against them?  |
| YES <input type="checkbox"/><br>NO <input type="checkbox"/> | YES <input type="checkbox"/><br>NO <input type="checkbox"/> | Has the applicant or agent 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?  |
| YES <input type="checkbox"/><br>NO <input type="checkbox"/> | YES <input type="checkbox"/><br>NO <input type="checkbox"/> | Have you read and are you familiar with the Uniform Athletic Agent Act, <u>S.C. Code Ann. § 59-102-10 et seq.</u> ?   |

List the name and addresses of three individuals not related to the applicant or agent who are willing to serve as references:

Name:

Address:

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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.**