



All Agents/Advisors must complete this form in order to register with Georgia State University.

**I. GENERAL**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_

Home Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name of Firm or Agency: \_\_\_\_\_

Business Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

**II. EDUCATION**

High School: \_\_\_\_\_ City, State: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_

Undergraduate: \_\_\_\_\_ City, State: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_ Degree(s) Earned: \_\_\_\_\_

Graduate: \_\_\_\_\_ City, State: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_ Degree(s) Earned: \_\_\_\_\_

Graduate: \_\_\_\_\_ City, State: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_ Degree(s) Earned: \_\_\_\_\_

Admitted to the Bar:  Yes  No

State(s) Admitted: Year(s) Admitted: \_\_\_\_\_

**III. EXPERIENCE**

Number of years of experience as an agent/advisor: \_\_\_\_\_

Sport(s) in which you currently represent athletes: \_\_\_\_\_

How many athletes in each sport do you currently represent? \_\_\_\_\_



List 10 athletes you currently represent:

<u>Player Name</u>	<u>Team</u>	<u>League</u>	<u>Team Representative</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List at least 5 athletes you represented in the past:

<u>Player Name</u>	<u>Team</u>	<u>League</u>	<u>Team Representative</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you earn income from work performed in any capacity other than as an agent/advisor?

Yes  No

If yes, describe other occupation(s) or service(s) for which you earn income: \_\_\_\_\_

What approximate percentage of your total work time is consumed as an agent/advisor?

\_\_\_\_\_



Are you currently certified by the NFLPA?  Yes  No  Permanent  Provisional

Are you currently certified by the NBAPA?  Yes  No

Are you currently certified by the MLBPA?  Yes  No

*\*Please attach a copy of your certification card(s)\**

List current membership in any professional organizations:

\_\_\_\_\_

List any occupational or professional licenses (e.g. certified public accountant, charter life underwriter) and dates obtained: \_\_\_\_\_

\_\_\_\_\_

#### V. PROFESSIONAL SERVICES

General services performed for client athletes (check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Playing Contract Negotiations | <input type="checkbox"/> Endorsement Contract Negotiations |
| <input type="checkbox"/> Legal Assistance              | <input type="checkbox"/> Tax Consulting                    |
| <input type="checkbox"/> Financial Planning            | <input type="checkbox"/> Money Management                  |

For services you perform for client athletes, list the names, addresses and phone numbers of individuals, firms or agencies who assist in providing these services:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

When receiving compensation for contract negotiation services, you receive payment:

- "Up front"  Payments received as the player is compensated





**VI. PREVIOUS EMPLOYMENT**

Organization: \_\_\_\_\_ Position: \_\_\_\_\_

Dates Employed: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Organization: \_\_\_\_\_ Position: \_\_\_\_\_

Dates Employed: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

**VII. REFERENCES**

Name: \_\_\_\_\_ Position/Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Position/Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Position/Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**VII. AGENT/ADVISOR AGREEMENT**

I certify that the above information is accurate and complete to the best of my knowledge. Further, I certify that I will notify the Assistant Athletic Director for Compliance before the first contract with any student-athlete who has eligibility remaining in any sport and is enrolled at Georgia State University or before the first contact with the student-athlete's coach. I have reviewed Georgia State's, State of Georgia, and NCAA rules and regulations that accompany this form and will engage in no activity prior to a student-athlete's agreement to be represented that would otherwise jeopardize his/her eligibility. I also understand that failure to comply with the terms of this certification and the applicable Georgia State University, State of Georgia, and NCAA legislation may result in my being banned from coming onto the institution's campus; that the institution may initiate legal proceedings against me; and civil and/or criminal penalties may be assessed to me in accordance with applicable Georgia statutes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_