



# STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS



## ATHLETE AGENT EMPLOYEE RENEWAL APPLICATION

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

S.C. Code Ann. § 59-102-10 *et seq.*  
(803) 734-4251 | [www.consumer.sc.gov](http://www.consumer.sc.gov) | (803) 734-4200

**Street Address**  
293 Greystone Boulevard, Ste. 400  
Columbia, SC 29210-8004

**IMPORTANT:** Print legibly or type information requested on this form in its entirety. Illegible or faxed applications will not be accepted. Incomplete information could result in delay or denial of your application. When completing the application, attach additional pages as necessary.

**\*The following information MUST be provided on a separate form for EACH sustaining Athlete Agent\***  
**\*\*This form must be submitted no later than forty-five (45) days prior to license expiration\*\***

### GENERAL INFORMATION

Business Name (Headquarters/Main)			
DBA		Registration No.	
Physical Address (Your principal place of business)			
City	State	Zip	
Full Legal Name			
Date of Birth		Phone No. (Office)	(    )    -
E-mail Address		Phone No. (Mobile)	(    )    -

### QUESTIONS

1. Since the last application, has your educational background changed?  Yes  No  
*If "Yes," attach details, including the name of the school, dates attended, and degree obtained.*
2. Has there been any change in your employment?  Yes  No  
*If "Yes," provide details.*
3. Have you received any further training or experience?  Yes  No
4. Have you been adjudicated bankrupt or been the owner of a business that was adjudicated bankrupt within the past ten (10) years?  Yes  No  
*If "Yes," provide details.*
5. Has there been any change to the states in which you are registered, or the colleges or universities by which you are registered or licensed?  Yes  No  
*If "Yes," provide details, including the name of the licensing organization, state, expiration date and license number.*
6. Have there been any changes to your answers to the *Questions* section of your initial application?  Yes  No  
*If "Yes," provide complete details.*
7. Would you like to change any of your previously-listed references?  Yes  No  
*If "Yes," provide the names and addresses of the new references and who you would like them to replace.*

8. Have you acted as an Athlete Agent to any student athlete since your last application?  
 If "Yes," provide the information below. Attach additional pages as necessary.

Yes  No

STUDENT ATHLETE (If a minor, also include name of parent/guardian)	SPORT	TEAM

The undersigned warrants that his or her signature is duly authorized and delivered by and for the business for which s/he signs. The undersigned swears or affirms and certifies that all information contained in this form and any attachments to this form is true, accurate, and complete.

Signature \_\_\_\_\_ Title \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

**The South Carolina Freedom of Information Act may require the Department to release a copy of your filing as a public record. Personal identifying information will be released only if required by law.**