



# STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS



## ATHLETE AGENT EMPLOYEE FORM: INITIAL APPLICATION

S.C. Code Ann. § 59-102-10 et seq. (Supp. 2013)

[www.consumer.sc.gov](http://www.consumer.sc.gov)

803-734-4209/800-922-1594

**Mailing Address**

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

**Street Address**

2221 Devine St., Ste. 200  
Columbia, SC 29205-2418

### 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 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. Resident Address: \_\_\_\_\_ How long at this address? \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_ Work telephone: \_\_\_\_\_ - -  
Home telephone: \_\_\_\_\_ - -  
Fax: \_\_\_\_\_ - -

5. Date of Birth: \_\_\_\_\_ 6. SSN: \_\_\_\_\_ - - \_\_\_\_\_  
\_\_\_\_\_

7. **EDUCATIONAL BACKGROUND:** (College and Higher)

SCHOOL	DATES ATTENDED	DEGREE (also indicate major)

8. **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

9. **TRAINING AND EXPERIENCE:** List any other pertinent experience or background relating to athlete agent activities, including on-the-job training.

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**OTHER LICENSES and REGISTRATIONS**

10. Are you licensed or registered as an athlete agent in any other state? YES  NO   
 If so, list state, licensing organization, license number and expiration date. (Attach additional sheets as necessary)

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

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

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

11. Are you licensed or registered as an athlete agent with a college or university? YES  NO   
 If so, complete the following section. (Attach additional sheets as necessary.)

a. College, University, or Licensing Organization \_\_\_\_\_ Location: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_ License No.: \_\_\_\_\_

b. College, University, or Licensing Organization \_\_\_\_\_ Location: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_ License No.: \_\_\_\_\_

12. **REPRESENTATION:** List the name, sport, and last known team for each individual for whom you acted as an athlete agent during the five years preceding the date of submission of the application. (Attach additional sheets as necessary)

STUDENT ATHLETE	SPORT	TEAM

**BACKGROUND INFORMATION:** Mark an X in the appropriate box. **Attach details as necessary.**

13. YES  NO  Have you 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.

14.   Has there been any administrative or judicial determination made that a false, misleading, deceptive, or fraudulent representation was made by you?

- 15.   Has any licensing or other credentialing agency ever taken any disciplinary action against you, 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.
- 16.   Is disciplinary action pending against you in any jurisdiction? Provide details, including the name of the agency and status of action.
- 17.   Have you ever had any civil judgments, lawsuits or liens brought against you?
- 18.   Have you 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?
- 19.   Have you read and are you familiar with the Uniform Athletic Agent Act, S.C. Code Ann. § 59-102-10 et seq.?

20. **REFERENCES:** List the name and addresses of three individuals not related to you who are willing to serve as references:

Name:

Address:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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 Agent

\_\_\_\_\_  
 Type or Print your Name and Business Relationship or Title

SWORN TO AND SUBSCRIBED before me  
 this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
 Notary Public For:

**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.**

My Commission Expires: \_\_\_\_\_