



STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS



ATHLETE AGENT EMPLOYEE INITIAL 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 | (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 individual listed in the Agents section of the Athlete Agent Organization Initial Application Form

GENERAL INFORMATION

Business Name
(Headquarters/Main) _____

DBA _____

Type of Business (check one and provide FTIN or SSN in box to right)	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company	}	Fed Tax ID No. (last 4)
	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Limited Liability Partnership		
	<input type="checkbox"/> General Partnership	<input type="checkbox"/> Sole Proprietorship	}	SSN (last 4)

Physical Address
(Your principal place of business)

City _____ State _____ Zip _____

Mailing Address
(If different from above)

City _____ State _____ Zip _____

Nature of Business _____ Phone No. () - _____

Full Legal Name _____ SSN _____

Date of Birth _____ Place of Birth _____

E-mail Address _____ Phone No. (Office) () - _____

Website Address
(Personal/Business) _____ Phone No. (Mobile) () - _____

Website Address
(Employer) _____ Fax No. () - _____

SOCIAL MEDIA AFFILIATIONS

List all social media accounts with which you and/or the organization are affiliated. Attach additional pages as necessary.

PLATFORM	ACCOUNT OR URL ADDRESS

EDUCATIONAL BACKGROUND

Start with high school. Attach additional pages as necessary.

SCHOOL	CITY/STATE	DEGREE EARNED	YEAR DEGREE EARNED

EMPLOYMENT BACKGROUND

Describe your employment for the last five (5) years, starting with your current position. Account for all time. Attach additional pages as necessary.

NAME OF EMPLOYER	SUPERVISOR'S NAME	SUPERVISOR'S ADDRESS & PHONE NO.	DATES OF EMPLOYMENT	NATURE OF EMPLOYMENT

OTHER TRAINING & EXPERIENCE

List any other practical experience, formal training, or educational background not listed elsewhere related to athlete agent activities, including on-the-job training.

LICENSES AND REGISTRATIONS

A. Are you licensed, registered or pending licensure as an athlete agent in any other state? Yes No
If "Yes," provide the following information. Attach additional pages as necessary.

STATE	LICENSING ORGANIZATION	LICENSE NO.	EXPIRATION DATE

- B. Are you currently or have you ever been registered or certified by any professional league or players association? Yes No

If "Yes," provide the following information. Attach additional pages as necessary.

LEAGUE/ ASSOCIATION	DATE LICENSED	EXPIRATION DATE	DATE OF DENIAL, SUSPENSION OR REVOCATION (if applicable)

- C. Are you licensed or registered as an athlete agent with a college or university? Yes No

If "Yes," provide the following information. Attach additional pages as necessary.

COLLEGE, UNIVERSITY OR LICENSING ORG.	LOCATION	LICENSE NO.	EXPIRATION DATE

REPRESENTATION

List the following information for each individual for whom you acted as an athlete agent during the past five (5) years. Attach additional pages as necessary.

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

REFERENCES

List the names and addresses of three (3) individuals not related to you who are willing to serve as references.

NAME	ADDRESS

QUESTIONS

1. Have you ever been convicted of a felony or an offense involving breach of trust, moral turpitude or dishonest dealings? Yes No
If "Yes," provide details about the offense, including the crime, the law enforcement agency involved, the date of conviction, and the fine/penalty imposed.
2. Have you been a defendant or respondent in a civil proceeding, including a proceeding seeking an adjudication of legal incompetence, within the past fifteen (15) years? Yes No
If "Yes," provide details including dates and a full explanation of each proceeding.
3. Do you have an unsatisfied judgment or a judgment of continuing effect, including alimony or a family court order for child support, which is not current at the date of this application? Yes No
If "Yes," provide details including dates and a full explanation of each proceeding.
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 including dates and a full explanation of each proceeding.
5. Has there been any administrative or judicial determination that you have made a false, misleading, deceptive, or fraudulent representation? Yes No
If "Yes," provide details including dates and a full explanation of each proceeding.
6. Has there been an instance in which your conduct resulted in a sanction, suspension, or declaration of ineligibility to participate in interscholastic or intercollegiate athletic events against a student athlete or educational institution? Yes No
If "Yes," provide details including dates and a full explanation of each matter or proceeding.
7. Has there ever been a sanction, suspension, or disciplinary action taken against you arising out of occupational or professional conduct? Yes No
If "Yes," provide details including dates and a full explanation of each matter or proceeding.
8. Have you ever been denied an application for licensure, had licensure suspended or revoked, or been refused licensure renewal? Yes No
If "Yes," provide details including dates and a full explanation of each denial, suspension, revocation or refusal.

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.