



Elaine F. Marshall
Secretary of State

**NORTH CAROLINA DEPARTMENT OF THE
SECRETARY OF STATE**

P.O. Box 29622
Raleigh, NC 27626-0622
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919-814-5400

APPLICATION FOR REGISTRATION AS AN ATHLETE AGENT

N.C.G.S. §§ 78C-89(a)(1)-(12) – APPLICATION FORM

APPLICATION MUST BE TYPED OR PRINTED

*** PLEASE NOTE THAT THIS APPLICATION MAY BE SUBMITTED ONLY IN THE NAME OF THE
INDIVIDUAL SEEKING REGISTRATION AS AN ATHLETE AGENT. “INDIVIDUAL” REFERS TO A
SINGLE HUMAN BEING. ***

APPLICATION FEES ARE NONREFUNDABLE

Revised March 2011

Date:

CHECK ONE: INITIAL APPLICATION ? RENEWAL APPLICATION ?

SECTION 1. GENERAL INFORMATION

1) APPLICANT'S NAME: _____

2) NAME OF APPLICANT'S BUSINESS OR EMPLOYER: _____

3) ADDRESS OF APPLICANT'S PRINCIPAL PLACE OF BUSINESS
STREET _____

CITY _____

STATE ZIP CODE _____

4) SUPPLY THE NAMES AND ADDRESSES OF THREE INDIVIDUALS NOT RELATED TO THE APPLICANT WHO ARE WILLING TO SERVE AS REFERENCES:

A) NAME

PHONE NUMBER

ADDRESS

B) NAME

PHONE NUMBER

ADDRESS

C) NAME

PHONE NUMBER

ADDRESS

SECTION 2. APPLICANT BACKGROUND AND EXPERIENCE

5) DESCRIBE THE APPLICANT'S EDUCATIONAL BACKGROUND AS IT RELATES TO HIS OR HER ACTIVITIES AS AN ATHLETE AGENT (ATTACH ADDITIONAL SHEETS AS NEEDED.)

A) EDUCATIONAL INSTITUTION

DATES ATTENDED

DEGREE, IF ANY

RELATED COURSES

B) EDUCATIONAL INSTITUTION

DATES ATTENDED

DEGREE, IF ANY

RELATED COURSES

6) DESCRIBE THE APPLICANT'S FORMAL TRAINING AS AN ATHLETE AGENT, INCLUDING SEMINARS, CERTIFICATIONS, AND OTHER RELATED EXPERIENCES (ATTACH ADDITIONAL SHEETS AS NEEDED.):

7) DESCRIBE THE APPLICANT'S PRACTICAL EXPERIENCE AS AN ATHLETE AGENT (ATTACH ADDITIONAL SHEETS AS NEEDED.):

DIRECTIONS. Make copies of this page as needed to provide the requested information. Please indicate the total number of copied pages attached to your submission in the Oath/Affirmation.

8) STATE ANY BUSINESS OR OCCUPATION ENGAGED IN BY THE APPLICANT FOR THE FIVE YEARS IMMEDIATELY PRECEDING THE DATE OF SUBMISSION OF THIS APPLICATION:

A) BUSINESS NAME TITLE DATES IN POSITION

BUSINESS ADDRESS

SUPERVISOR'S NAME BUSINESS PHONE#

B) BUSINESS NAME TITLE DATES IN POSITION

BUSINESS ADDRESS

SUPERVISOR'S NAME BUSINESS PHONE#

C) BUSINESS NAME TITLE DATES IN POSITION

BUSINESS ADDRESS

SUPERVISOR'S NAME BUSINESS PHONE#

D) BUSINESS NAME TITLE DATES IN POSITION

BUSINESS ADDRESS

SUPERVISOR'S NAME BUSINESS PHONE#

DIRECTIONS. Make copies of this page as needed to provide the requested information. Please indicate the total number of copied pages attached to your submission in the Oath/Affirmation.

9) INDIVIDUALS FOR WHOM THE APPLICANT HAS ACTED AS AN ATHLETE AGENT

Provide the **NAME, SPORT, and LAST KNOWN TEAM** for **EACH** individual for whom you have acted as an athlete agent during the **FIVE** years immediately preceding the date of submission of your application for registration as an athlete agent in North Carolina.

<u>Name</u>	<u>Sport</u>	<u>Last Known Team</u>	<u>Dates of Representation</u>
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<u>Name</u>	<u>Sport</u>	<u>Last Known Team</u>	<u>Dates of Representation</u>
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<u>Name</u>	<u>Sport</u>	<u>Last Known Team</u>	<u>Dates of Representation</u>
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<u>Name</u>	<u>Sport</u>	<u>Last Known Team</u>	<u>Dates of Representation</u>
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<u>Name</u>	<u>Sport</u>	<u>Last Known Team</u>	<u>Dates of Representation</u>
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<u>Name</u>	<u>Sport</u>	<u>Last Known Team</u>	<u>Dates of Representation</u>
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SECTION 3. BUSINESS MEMBERSHIP

10) PLEASE ANSWER *EITHER* QUESTION 10 A OR QUESTION 10 B DEPENDING ON WHETHER OR NOT YOUR BUSINESS OR EMPLOYER IS A CORPORATION.

A

NON-CORPORATIONS

Check
When
Compl-
eted.

With respect to the applicant's business or employer, *if it is not a corporation*, then please give the NAMES and ADDRESSES of ALL: 1) PARTNERS; 2) MEMBERS; 3) OFFICERS; 4) MANAGERS; 5) ASSOCIATES; and 6) PROFIT-SHARERS associated with that business or employer. (Use Space Below As Needed.)

B

INCORPORATED BUSINESS ENTITIES

?
Check
When
Compl-
eted.

With respect to a *corporation* employing the applicant, please give the NAMES and ADDRESSES of ALL: 1) OFFICERS ; 2) DIRECTORS; and 3) ANY SHAREHOLDER OF THE CORPORATION HAVING AN INTEREST OF FIVE PERCENT (5%) OR GREATER associated with that corporation. (Use Space Below As Needed.)

Name	Position
Address	

Name	Position
Address	

Name	Position
Address	

Name	Position
Address	

Name	Position
Address	

DIRECTIONS. Make copies of this page as needed to provide the requested information.

Name

Position

Address

Name

Position

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Position

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Position

Address

Name

Position

Address

SECTION 4. APPLICANT AND BUSINESS MEMBERSHIP CONDUCT

PLEASE REVIEW QUESTIONS 11 THROUGH 15 CAREFULLY BEFORE ANSWERING. PLEASE ANSWER THESE QUESTIONS IN REGARD TO THE APPLICANT AND EVERY INDIVIDUAL LISTED IN RESPONSE TO QUESTION 10 A OR 10 B AS ANSWERED ABOVE.

11) CRIMINAL CONVICTIONS

Please state whether or not the applicant or any person named in response to question A or B above has been convicted of a crime involving moral turpitude or a felony and identify the crime. (Attach additional sheets as needed.)

NOT APPLICABLE

Check if the applicant or listed business membership has not been convicted of a crime.

1) Name	Crime	Date and Place of Conviction

2) Name	Crime	Date and Place of Conviction

3) Name	Crime	Date and Place of Conviction

12) MAKING FALSE, MISLEADING, DECEPTIVE OR FRAUDULENT MISREPRESENTATIONS

Please state whether or not there has been any administrative or judicial determination that the applicant or any person named in response to question 10 A or 10 B above has made a false, misleading, deceptive, or fraudulent misrepresentation. Explain each such determination, if any, in the space below. (Attach additional sheets as needed.)

NOT APPLICABLE

Check if there has been no determination that the applicant or listed business membership has made a false, misleading, deceptive or fraudulent misrepresentation.

13) CONDUCT NEGATIVELY IMPACTING UPON EITHER STUDENT ATHLETES OR EDUCATIONAL INSTITUTIONS

Please state whether or not there are any instances in which conduct of the applicant or any person named in response to question 10 A or 10 B above resulted in the imposition of a sanction, suspension, or declaration of ineligibility to participate in an interscholastic or intercollegiate athletic event on a student athlete or educational institution. Describe each such instance, if any. Include a separate entry for each person named in response to this section. (Attach additional sheets as needed.)

NOT APPLICABLE

Check if there are no instances in which conduct of the applicant or listed business membership has resulted in the imposition of a penalty against a student-athlete or educational institution

14) OCCUPATIONAL OR PROFESSIONAL MISCONDUCT

Please state whether or not any sanction, suspension, or disciplinary action has been taken against the applicant or any person named in response to question 10 A or 10 B above arising out of occupational or professional misconduct. Describe each such action, if any. Include a separate entry for each person named in response to this question. (Attach additional sheets as needed.)

NOT APPLICABLE

Check if there has been no sanction, suspension, or disciplinary action taken against the applicant or listed business membership arising out of occupational or professional misconduct.

15) REGISTRATION OR LICENSURE AS AN ATHLETE AGENT IN ANY STATE

Please state whether or not there has been in any state regarding the applicant or any person named in response to question 10 A or 10 B above: 1) any denial of an application for registration or licensure as an athlete agent; or 2) suspension or revocation of registration or licensure as an athlete agent; or 3) refusal to renew the registration or licensure as an athlete agent. Describe each such instance. Include a separate entry for each person named in response to this section. (Attach additional sheets as needed.)

NOT APPLICABLE

Check if there has been no 1) denial of an application for registration or licensure as an athlete agent; or 2) suspension or revocation of registration or licensure as an athlete agent; or 3) refusal to renew the registration or licensure as an athlete agent.

OATH/AFFIRMATION

I do hereby swear (affirm) that the information furnished in this form and ____ attached pages is true and correct to the best of my knowledge under penalty of perjury. I understand that giving false information in this form constitutes cause for denial of my application or revocation of my Registration and could subject me to criminal prosecution.

Signature of Applicant: _____

Date: _____

State of _____)

County of _____)

Sworn and subscribed to me this _____ day of _____,

Month

Year

Notary Public Signature

My Commission Expires: _____

Notary Seal

END OF APPLICATION

SECTION 6. FEES
APPLICATION FEES ARE NONREFUNDABLE

Please Check One of the Following Fees Submitted with this Application. (Make Checks Payable to:
“NC Department of the Secretary of State”)

A. INITIAL APPLICATION FOR REGISTRATION AS AN ATHLETE AGENT

	NC APPLICATION FOR REGISTRATION AS AN ATHLETE AGENT	\$200.00
	OTHER STATE APPLICATION FOR REGISTRATION AS AN ATHLETE AGENT	\$200.00

B. RENEWAL OF REGISTRATION AS AN ATHLETE AGENT

	NC APPLICATION FOR RENEWAL OF REGISTRATION	\$200.00
	OTHER STATE APPLICATION FOR RENEWAL OF REGISTRATION	\$200.00

NOTICE OF ALTERNATIVE METHOD OF APPLICATION

In lieu of submitting this application, an applicant seeking registration or renewal of registration as an athlete agent in North Carolina may submit:

- 1) A copy of another state’s application for licensure or registration or renewal of licensure or registration; and
- 2) A copy of the certificate or license of registration issued by the other state.

In addition, the following conditions must be met:

- A) The other state’s application must have been submitted to the other state within six months immediately preceding its submission in North Carolina; and
- B) The applicant certifies that the information contained in the other state’s application is current (may use Oath/Affirmation above); and
- C) The other state’s application as it was submitted contains information substantially similar to that required by this application; and
- D) The applicant signed the other state’s application under penalty of perjury as part of his or her application to the other state.

REQUEST FOR TEMPORARY REGISTRATION

The Secretary of State may issue a temporary certificate of registration while an application for registration or renewal is pending. An applicant must request a temporary registration in writing with his or her submission of a *completed* application for registration.