

PA DEPARTMENT OF STATE  
 STATE ATHLETIC COMMISSION  
 2601 North 3rd Street  
 Harrisburg, PA 17110



COMMONWEALTH OF PENNSYLVANIA

**APPLICATION FOR ATHLETE AGENT**

Registration

DATE \_\_\_\_\_

REGISTRATION NO. \_\_\_\_\_

\*Attach 2 photos to this application.

\*\*Registration is valid for two years

FEES	READ INSTRUCTIONS CAREFULLY
\$200 INDIVIDUAL OR \$400 PARTNERSHIP/ASSOCIATION/CORPORATION PLUS \$100 PROCESSING FEE MUST ALSO BE INCLUDED	Payment must be by check or money order made payable to the Commonwealth of Pennsylvania. Send to: State Athletic Commission, 2601 North 3rd Street Harrisburg, PA 17110

**EACH APPLICANT SHOULD ANSWER THE FOLLOWING**

PLEASE PRINT CLEARLY

Name of Applicant: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Address:\*\* \_\_\_\_\_ Name of Business/Employer: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ FAX#: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Work Telephone #: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Driver's License (State & #): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ City, State, Country of Birth: \_\_\_\_\_

Type of Registration: Individual \_\_\_\_\_ Corporation/Association/Partnership \_\_\_\_\_ Other (Specify) \_\_\_\_\_

Is this a renewal? YES \_\_\_\_\_ NO \_\_\_\_\_

\*\*When the Business Address of any Athlete Agent operating in this state is changed, the Pennsylvania State Athletic Commission requires that the agent notify the Commission within sixty (60) days after the change of address. Also note that in the event of a corporate change of status, the entity must register within (90) days.

APPLICANT'S HISTORY (Attach additional sheets if necessary):

A. Please include the names and addresses of all persons who are the partners, officers, associates or profit-sharers of your athlete agent's business, if not a corporation, or the officers, directors and any shareholder with a five percent or greater interest of your athlete agent's business, if a corporation.

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

B. Are you currently licensed or certified in any state to act as an Athlete Agent? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, list states: \_\_\_\_\_

C. Have you ever been denied any type of License or Registration as an Athlete Agent in any state? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, explain: \_\_\_\_\_

D. Are you certified as an Athlete Agent with any professional sports organizations? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, list organizations: \_\_\_\_\_

E. Have you ever been denied certification or had your certificate suspended or revoked by any sports organization? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, explain: \_\_\_\_\_

F. Have you or any other person named in item (A) engaged in conduct that 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, educational institution or professional sports team?

YES \_\_\_\_\_ NO \_\_\_\_\_ If YES, explain: \_\_\_\_\_

G. For the past five years, please list any/all businesses or occupations you have engaged in: \_\_\_\_\_  
\_\_\_\_\_

H. Please describe your formal athlete agent training, practical experience as an athlete agent, and educational background relating to your activities as an athlete agent.  
\_\_\_\_\_

I. Include the names of three unrelated references.  
\_\_\_\_\_

J. Please include the name, sport and last known team of each individual for which you have provided services to as an athlete agent during the five years immediately preceding the date of this application. \_\_\_\_\_  
\_\_\_\_\_

K. Have you or any other person named in item (A) been convicted or found guilty, pleaded guilty or entered a plea of nolo contendere of any misdemeanor or felony offense, including any crime that, if committed in the Commonwealth, would be a felony or other crime involving moral turpitude?  
YES \_\_\_\_\_ NO \_\_\_\_\_ If YES, explain and please list date, jurisdiction (State and County), crime/offense, disposition and all other relevant information on attached sheets. \_\_\_\_\_  
\_\_\_\_\_

L. Have you or any other person named in item (A) ever been convicted under the PA Controlled Substance, Drug, Device and Cosmetic Act or any comparable law within the United States?  
YES \_\_\_\_\_ NO \_\_\_\_\_ If YES, explain and please list date, jurisdiction (State and County), crime/offense, disposition and all other relevant information on attached sheets. \_\_\_\_\_  
\_\_\_\_\_

M. Please include any information on whether there has been any administrative or judicial determination that you or any other person named in this application pursuant to item (A) has made a false, misleading, deceptive or fraudulent representation  
\_\_\_\_\_  
\_\_\_\_\_

N. Have you or any person named in item (A) ever had any sanction, suspension or disciplinary action taken against them arising out of occupational or professional conduct?  
YES \_\_\_\_\_ NO \_\_\_\_\_  
If YES, explain: \_\_\_\_\_

O. Have you or any other person named in (A) ever had a license or certificate of registration as a Athlete Agent denied, revoked, suspended or otherwise acted against (including fine, probation, reprimand, surrender of license or refusal to renew) in a disciplinary proceeding in any state?  
YES \_\_\_\_\_ NO \_\_\_\_\_  
If YES, explain: \_\_\_\_\_

P. Currently, is there pending against you in any jurisdiction a complaint against your professional conduct or competence as an Athletic Agent?  
YES \_\_\_\_\_ NO \_\_\_\_\_  
If YES, explain: \_\_\_\_\_

I understand that it is my duty and responsibility as an applicant for registration to supplement my application after it has been submitted if and when any material change in circumstances or conditions occurs which might affect the State Athletic Commission's decision concerning my eligibility for registration. Failure to do so may result in disciplinary action by the State Athletic Commission including denial of registration.

- I understand that all application fees are non-refundable.
- I understand I must execute and file a \$20,000 surety bond with the Commission.
- I understand I must also complete the "Affidavit of Athlete Agent" form and include it with this application.
- I understand I must also complete the enclosed "Pennsylvania State Police Form" and return it to the appropriate address with an \$8 fee.

The undersigned hereby affirms that the statements made herein are true and correct to the best of my information, knowledge and belief and are made subject to the penalties prescribed for perjury set forth in 18 PA Consolidated Statutes, section 4904, relating to unsworn falsification to authorities.

By: \_\_\_\_\_ DATE \_\_\_\_\_  
APPLICANT'S SIGNATURE