



Appendix A Agent Registration Form

1) General

Name: _____ Date of Birth: _____

SS#: _____ Phone: (____) _____

If affiliated with a particular firm or agency as a player-agent, please indicate:

Name of Firm/Agency: _____

Business Address: _____

_____			(____)
City	State	Zip	Business Phone
(____)	_____		(____) _____
Cell Phone		Fax	

E-mail			

II) Education

High School:

Name: _____ City _____ State _____ Year Graduated: _____

College:

Name: _____ City _____ State _____
Degree(s) and Year Graduated: _____

Graduate/Legal:

College/University: _____ City _____ State _____
Degree(s) and Year Graduated: _____

Admitted to Bar (If Applicable)

Yes ___ No ___ State _____ Date _____

III) Experience

Number of years experience as a player-agent: _____

Sports in which you currently represent athletes and total number of athletes in each sport:

IV) Other Qualifications

Current membership in professional organizations:

Occupational or professional licenses and date obtained:

Are you currently certified by the NFLPA?	Yes___ No___	Permanent	Provisional
		(Circle One)	
Are you currently certified by the NBPA?	Yes___ No___	Permanent	Provisional
		(Circle One)	
Are you currently certified by the MLBPA?	Yes___ No___	Permanent	Provisional
		(Circle One)	

V) Professional Services

General Services performed for client-athletes (check those that apply and indicate fee charged):

Playing contract negotiations: Yes___ No___ Hourly Fee or Percentage: _____

Endorsement contract negotiations: Yes___ No___ Hourly Fee or Percentage: _____

Legal Assistance_____ Tax Consulting_____

Financial Planning_____ Money Management_____

For those services you perform for client-athletes, list the names and addresses of individuals, firms, or agencies that assist you in providing these services. Use additional sheets if necessary:

Name	City	State
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Name	City	State
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In receiving compensation for contract negotiations services, do you receive payment “up front” or are your payments received as the player is compensated?

Please list the names of any athletes, including West Virginia University athletes, that you previously or currently represent and, in team sports, the team/league to which each athlete is currently under contract and the name of the team representative with whom you negotiated this contract. Write “none” if you currently do not represent any athlete. If you represent athletes in more than one sport, please provide this information for at least five clients in each sport. Use additional sheets if necessary:

<u>Player Name</u>	<u>Team</u>	<u>Client’s Phone</u>	<u>Team Rep.</u>

Please list the names of any West Virginia University student-athletes that you wish to contact:

Do you earn income from work performed in some capacity other than as a player agent? _____

If yes, please describe the other occupation or services for which you are paid:

VI) Previous Employment

Firm: _____ Position/Date: _____

Address: _____ City/State: _____

Firm: _____ Position/Date: _____

Address: _____ City/State: _____

VII) References (3)

(1) Name: _____ Phone: (____) _____

Address: _____ City/State: _____

(2) Name: _____ Phone: (____) _____

Address: _____ City/State: _____

(3) Name: _____ Phone: (____) _____

Address: _____ City/State: _____

I certify that the above information is true, correct, and complete to the best of my knowledge. Further, I certify that I have reviewed the Agent Policy as outlined per WVU's Professional Football Education Program and will adhere to all parameters within the policy.

Furthermore, I have reviewed NCAA rules and regulations and have not engaged in any activity prior to a student-athlete's agreement to be represented that would jeopardize the student-athlete's eligibility. I also understand that failure to comply with the terms of this certification and the applicable NCAA legislation may result in the initiation of legal proceedings by West Virginia University against me and the assessment of civil and/or criminal penalties to me.

Signature: _____ Date: _____

Please enclose the following information with your application:

- 1. Verification of Certification with the appropriate Player Association**
- 2. Resume of Experience**
- 3. Services provided by your company (including fee structure, are fees negotiable, etc.)**
- 4. List of current and former clients**
- 5. Copy of License Verifying that you are registered with the State of West Virginia**

Return completed form to: Compliance Office
Department of Intercollegiate Athletics
West Virginia University
PO Box 0877
Morgantown, WV 26507-0877
Phone: (304) 293-4281
Fax: (304) 293-3035

