



ATHLETE AGENT BACKGROUND INVESTIGATION AUTHORIZATION

State Form 52970 (R / 09-21)

OFFICE OF ATTORNEY GENERAL
Consumer Protection Division
Government Center South, 5th floor
302 W. Washington Street
Indianapolis, IN 46204

- INSTRUCTIONS:**
1. Please type or print clearly with a blue or black pen.
 2. To apply for a two-year registration as an Athlete Agent, please complete this form.
 3. For a new or renewal registration, complete included Form 1061 "Athlete Agent Background Investigation Authorization".
 4. The Office of the Indiana Attorney General will contact you for submission of the seven-hundred dollar (\$700) Athlete Registration fee upon acceptance of the application.

1. Applicant Information				
Registration Type <input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Update		Agent Number	Name	Date of Birth (month, day, year)
Address of Principal Place of Business				
Personal E-mail Address			Mobile Telephone Number	
Name of Business or Employer (if any), and list mailing address, physical address, phone number, fax number, business E-mail address, and nature of the business for each				

Personal, Business, or Employer hosted Web Site Address				
List any social media accounts with which you or your business or employer is affiliated.				

2. Applicant's Background and Experience
List any business(es) or occupation(s) you have engaged in for the past five (5) years, including self-employment and employment by others, and any professional or occupational license, registration, or certification held during that time.

Describe your formal training as an Athlete Agent

Describe your practical experience as an Athlete Agent

Describe your educational background relating to your activities as an Athlete Agent

3. Applicant's References

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

	Name	Address	Phone
1			
2			
3			

List the names, sports, and last known teams for each individual, or, if the individual is a minor, the name of the parent or guardian of the minor for whom you have acted as an athlete agent for the last five (5) years. You may attach a list of clients to the application if more room is needed.

Name	Sport	Team

4. Business Information

If your business **is not** a corporation, please list the names and addresses of all partners, members, officers, managers, associates, or profit-sharers of the business. If your business **is a** corporation or you are employed as an agent by a corporation, please list the officers, directors, and any shareholders of the corporation having an interest of five percent (5%) or greater:

Business IS NOT a Corporation

Business IS a Corporation

5. Administrative and Judicial Proceedings

<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you, or anyone listed in your answer to question 4 been convicted of a crime that, if committed in Indiana, would be a crime of moral turpitude or a felony?
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If yes, please identify the crime, the law enforcement agency involved, the court in which the case was tried, the sentence entered, the date (*month, day, year*) of the conviction, the case number, and the fine or penalty imposed. Please attach the relevant documents (i.e. charges, conviction, sentence, etc.) from the court.

<input type="checkbox"/> Yes <input type="checkbox"/> No	Has there been any administrative or judicial determination that you or anyone listed in your answer to the question above had made a false, misleading, deceptive, or fraudulent representation?
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If yes, please identify the court or administrative agency that made such a determination and attach copies of relevant documents.

Describe any instance in which your conduct, or the conduct of any person named above, resulted in the imposition of a sanction, suspension, or declaration on ineligibility to participate in an interscholastic or intercollegiate athletic event on a student athlete or educational institution.

Describe any sanction, suspension, or disciplinary action taken against the applicant or any person named above arising out of occupational or professional conduct.

List a description of the status of any application by you or anyone listed above for a state or federal business, professional, or occupational license other than as an athlete agent, including any denial, refusal to renew, suspension, withdrawal, or termination of the license and any reprimand or censure related to the license.

If you or anyone listed above have been a defendant or respondent in a civil proceeding during the past fifteen (15) years, including a proceeding seeking an adjudication of legal competence, provide the date (*month, day, year*) and a full explanation of each proceeding.

Do you or anyone listed above have an unsatisfied judgement or a judgement of continuing effect, including a domestic order concerning child support, which is not current at the date (*month, day, year*) of application? If yes, please explain.

During the past ten (10) years, were you or anyone listed above adjudicated bankrupt or an owner of a business that was adjudicated bankrupt?

Has there been a denial of an application for, suspension or revocation of, or refusal to renew the registration or licensure for yourself or any person named above as an athlete agent in any state? If yes, please explain.

List each state in which you are currently registered as an athlete agent or have applied to be registered as an athlete agent.

Yes No

Are you certified or registered by a professional league or players association?

If yes, please identify the name of the league or association, the date (*month, day, year*) of certification or registration, the date (*month, day, year*) of expiration of the certificate or registration, if any; and the date (*month, day, year*) of any denial or an application for, suspension or revocation of, refusal to renew, withdrawal of, or termination of the certification or registration or any reprimand or censure related to the certification or registration.

Signature

I affirm under the penalties for perjury that the foregoing is true to the best of my knowledge and belief.

Signature

Printed Name

Date (*month, day, year*)

Affidavit of Notary

State of _____

County of _____

SS:

Before me the undersigned, a Notary Public for _____ County, State of _____, personally appeared _____, and acknowledged the execution of this instrument this _____ day of _____, _____.

SEAL

Signature _____

Printed Name _____

My Commission expires: _____