*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. Prepare a check or money order for seven-hundred dollars ($700.00) made payable to

"Indiana Attorney General’s Office – Athlete Agent Registration".

4. Mail all completed forms and check, or money order, to the address shown in the upper right corner.

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| 1. **Applicant Information** | | | | | | |
| Registration Type  New  Renewal  Update | | Agent Number | | Name | | Date of Birth |
| Address of Principal Place of Business | | | | | | |
| Business Phone Number | Business Fax Number | | Business E-Mail Address | | Mobile Phone Number | |
| Name of Business or Employer (*if any*), and list mailing address, phone number, organization form, 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. | | | | | | |

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| 1. **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   |  | | --- | |  | |  | |  | |  | |  | |

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| 1. **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.   |  |  |  | | --- | --- | --- | | **Name** | **Sport** | **Team** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |

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| 1. **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 or a person who directly or indirectly holds an equity interest of five percent (5%) or greater.. **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** | |  | |  | |  | |  | |

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| 1. **Administrative and Judicial Proceedings** | | | |
| Yes  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? | | |
| If yes, please identify the crime, the law enforcement agency involved, the court in which the case was tried, the sentence entered, the date of the conviction, and the fine or penalty imposed. Please attach the relevant documents (i.e. charges, conviction, sentence, etc.) from the court.   |  | | --- | |  | |  | |  | |  | |  | | | | |
| Yes  No | | Have you or anyone listed in your answer to question 4 been a defendant or respondent in a civil proceeding, including a proceeding seeking an adjudication of legal incompetence? | |
| If yes, please identify the date and a full explanation of each proceeding.   |  | | --- | |  | |  | |  | |  | | | | |
| List whether you or anyone listed in your answer to question 4 has an unsatisfied judgment or a judgment of continuing effect, including a domestic order concerning child support, which is not current at the date of application.   |  | | --- | |  | |  | |  | |  | |  | | | | |
| List whether you or anyone in your answer to question 4 was adjudicated bankrupt or was an owner of a business that was adjudicated bankrupt.   |  | | --- | |  | |  | |  | |  | |  | | | | |
| List a description of the status of any application by you or anyone listed in your answer to question 4 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. | | | |
| Has there been any administrative or judicial determination that you or anyone listed in your answer to question 4 has made a false, misleading, deceptive, or fraudulent representation? If so, please identify the court or administrative agency that made such a determination and attach copies of the relevant documents.   |  | | --- | |  | |  | |  | |  | |  | | | | |
| Describe any instance in which your conduct, or the conduct of any person named in your answer to question 4, resulted in the imposition of a sanction, suspension, or declaration of ineligibility to participate in an interscholastic, intercollegiate, or professional athletic event on a student athlete or a sanction on an educational institution.   |  | | --- | |  | |  | |  | |  | |  | | | | |
| Describe any sanction, suspension, or disciplinary action taken against the applicant, or any person named in your answer to question 4, arising out of occupational or professional conduct.   |  | | --- | |  | |  | |  | |  | |  | | | | |
| Has there been any denial of an application for suspension, revocation of, refusal to renew, or abandonment of the registration or licensure of the applicant, or any person named in your answer to question 4, as an athlete agent in any state? If the answer is yes, please explain below.   |  | | --- | |  | |  | |  | |  | |  | | | | |
| 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 of certification or registration, the date of expiration of the certificate or registration, if any; and the date 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.   |  | | --- | |  | |  | | | | |

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| **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 | |

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| **Affidavit of Notary** |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | State of |  | |  | | | |  |  | | **SS:** | | | | County of |  | | |  |  | |  | | | |  |  | |  | | | | 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: | |  | |  | | |

*NOTES*: The Fair Credit Reporting Act (Amended 1997) requires that we inform you that a background investigation may be processed as part of our screening process. This investigation may include inquiries to gather legal information regarding your personal characteristics, mode of living, character, and general reputation. This information, if gathered, is used to verify specific information that you provided on your Application for Registration as an Athlete Agent. The items of personal information requested below are needed to process your background investigation. This information is intended solely for that purpose and will not be used in a discriminatory manner in the making of business decisions.

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| Applicant Information | | | | |
| Full Name | | Other names you have used, including maiden name, and the date(s) your name(s) changed | | |
| SSN | DOB | | DL Number | DL Issuing State |

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| Address Information – *beginning with present and going back 7 years* | | | | | | |
| Present Address | City | State | Zip | County | From (*mo/yr*) | To (*mo/yr*) |
| Former Address 1 | City | State | Zip | County | From (*mo/yr*) | To (*mo/yr*) |
| Former Address 2 | City | State | Zip | County | From (*mo/yr*) | To (*mo/yr*) |
| Former Address 3 | City | State | Zip | County | From (*mo/yr*) | To (*mo/yr*) |
| Former Address 4 | City | State | Zip | County | From (*mo/yr*) | To (*mo/yr*) |

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| Prior Convictions |
| Have you ever been convicted of a crime (*other than minor traffic offenses)?*  Yes  No If yes, please explain charges   |  | | --- | |  | |  | |  |   In what year, state, and county did these convictions occur?   |  | | --- | |  | |

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| Authorization | | |
| I authorize the Indiana Attorney General’s Office and their agents to investigate my background, as it pertains to my Application for Registration as an Athlete Agent. This may include information contained in public records which could include credit history, criminal files at the county, state and federal jurisdiction levels, motor vehicle records, investigation of employment history, and performance and education credentials.  I hereby release all persons, companies or corporations, public or private, furnishing such information from liability and responsibility. A copy of this document may be substituted for the original. This document shall be valid for a period of one (1) year from the date of my signature. | | |
| Printed Name of Athlete Agent Applicant | Signature of Athlete Agent Applicant | Date |