FRANCISCO V. AGUILAR
Secretary of State
2250 Las Vegas Blvd. North, Suite 400
North Las Vegas, NV 89030
Phone: (702) 486-2440
Fax: (702) 486-2452
Website: nvsos.gov

Athlete's Agent Registration Application

(ABOVE SPACE FOR OFFICE USE ONLY)

A fee of **$500.00** must be submitted with all initial and renewal applications.

Type of Registration: (check one box only)

☐ Initial ☐ Initial application for applicant who holds a certificate in another state*

☐ Renewal ☐ Renewal application for applicant who holds a certificate in another state*

* Initial and Renewal Applications for applicants who hold a certificate in another state may submit the following in lieu of this application:

1. A copy of the application from state of license or registration *(Note: the application of the other state must have been submitted within 6 months of the date of this application and must contain the information substantially similar to or more comprehensive than the information required in the application to the State of Nevada).*
2. A copy of the certificate of the state of license or registration.
3. Section Seven of this application signed by the applicant.

SECTION ONE: Athlete's Agent Applicant Information

Last Name | First Name | Middle Name

Date of Birth | Place of Birth (City / State / Country)

(Area Code) – Business Phone – (Extension)

(Area Code) – Mobile Phone

(Area Code) – Fax Number

List any and all means of electronic communication of the applicant, the applicant's business, or applicant's employer (e-mail addresses; personal, business, or employer website(s); social media accounts associated with the applicant, the applicant's business, or applicant's employer):

SECTION TWO: Applicant's Business or Employer

Name of Applicant's Business or Employer

Complete Street Address of Principal Place of Business (including city, state, and zip code)

The Athlete Agent's Business or Employer is: (check one box and complete below)

☐ A corporation, and the names and addresses (including the city, state, and zip code) of the officers, directors, and shareholders having an interest of five percent (5%) or more are listed below:

☐ Not a corporation, and the names and addresses (including the city, state, and zip code) of the partners, members, managers, officers, associates, or sharers of profits of the business are listed below:

Full Name	Complete Street Address (including city, state, and zip code)

(Additional space provided in Section Six, if needed)

SECTION THREE: Applicant's Employment History

1. List any and all businesses and/or occupations, including self-employment, the applicant has been engaged in for the five (5) years preceding the date of this application:

Name of Business or Employer	Type of Business	Start Date	End Date

(Additional space provided in Section Six, if needed)

2. Describe the applicant's formal training as an athlete's agent:

3. Describe the applicant's practical experience as an athlete's agent:

4. Describe the applicant's educational background relating to activities as an athlete's agent:

5. List the status of any and all applications for a state or federal business professional or occupational license, other than as an athlete's agent, from any state or federal agency, including any denial, refusal to renew, suspension, withdrawal, or termination of the license, and any and all reprimands or censures related to the license by any person named in Section Two above, including the applicant:

6. List the name, sport, and last known team for each student athlete for whom the applicant has acted as an athlete's agent during the five (5) years preceding the date of this application:

Athlete's Name*	Sport	Team Name	Begin Date	End Date

* If the athlete is a minor, list the parents' or guardians' names in addition to the student athlete's name

SECTION FOUR: Disclosure of Items Pursuant to NRS 398.452

1. Has any person named in Section Two, including the applicant, ever plead guilty or no contest to, or been convicted of a crime that, if convicted in the State of Nevada, would be a felony or a crime involving moral turpitude? (If yes, provide details below including the crime, law enforcement agency involved, and, if applicable, the date of the conviction and the fine or penalty imposed. Additional space provided in Section Six, if needed)

2. Has any person named in Section Two, including the applicant, ever been subject to an administrative or judicial determination that he or she has made a false, misleading, deceptive, or fraudulent representation? (If yes, provide details below. Additional space provided in Section Six, if needed)

3. Has there been any instance in which the conduct of any person named in Section Two, including the applicant, 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 institution? (If yes, provide details below. Additional space provided in Section Six, if needed)

4. Has any sanction, suspension, or disciplinary action taken against any person named in Section Two, including the applicant, arisen out of occupational or professional conduct? (If yes, provide details below. Additional space provided in Section Six, if needed)

5. Has any person named in Section Two, including the applicant, been denied an application for, had a suspension or revocation of, refused to renew, or abandoned the registration or licensure as an athlete's agent in any state? (If yes, provide details below. Additional space provided in Section Six, if needed)

6. Has any person named in Section Two, including the applicant, within 15 years of the date of this application, been a defendant or respondent in any civil proceeding, including a proceeding seeking an adjudication of incompetence? (If yes, provide details below, including the name of the court and the date of the judgment. Additional space provided in Section Six, if needed)

7. Does any person named in Section Two, including the applicant, have an unsatisfied judgment or a judgment of continuing effect, including spousal support or a domestic order for child support which is not current as of the date of this application? (If yes, provide details below, including the name of the court and the date of the judgment. Additional space provided in Section Six, if needed)

8. Was any person named in Section Two, including the applicant, adjudicated bankrupt, or was the owner of a business that was adjudicated bankrupt within ten (10) years of the date of this application? (If yes, provide details below, including the name of the court and the date of the judgment. Additional space provided in Section Six, if needed)

9. Is the applicant certified or registered by a professional league or players' association? (If yes, provide the name of the league or association, the date of certification or registration, the date of expiration, and, if applicable, the date(s) of any denial, suspension, revocation, reprimand, or censure related to the certification or registration)

SECTION FIVE: Current Registrations and Personal References

1. Indicate each state or jurisdiction in which the applicant is currently registered as an athlete's agent or has applied to be registered as an athlete's agent:

☐ AK	☐ MI	☐ TX
☐ AL	☐ MN	☐ UT
☐ AR	☐ MO	☐ VA
☐ AZ	☐ MS	☐ VI
☐ CA	☐ MT	☐ VT
☐ CO	☐ NC	☐ WA
☐ CT	☐ ND	☐ WI
☐ DC	☐ NE	☐ WV
☐ DE	☐ NH	☐ WY
☐ FL	☐ NJ	☐ Other _____
☐ GA	☐ NM	
☐ HI	☐ NV	
☐ IA	☐ NY	
☐ ID	☐ OH	
☐ IL	☐ OK	
☐ IN	☐ OR	
☐ KS	☐ PA	
☐ KY	☐ PR	
☐ LA	☐ RI	
☐ MA	☐ SC	
☐ MD	☐ SD	
☐ ME	☐ TN	

2. Provide the names, addresses, and phone numbers of three (3) natural persons not related to the applicant who are willing to serve as personal references:

Full Name	Address (including city, state, and zip code)	Phone Number

SECTION SIX: Information Continued from Another Section

(Note: Indicate section number and information being continued)

SECTION SEVEN: Representation of the Applicant

The applicant submitting this form and the person executing it hereby represent that this application and any and all materials filed with this application contain true, correct, and complete statements of all required information. **The applicant hereby signs this application under penalty of perjury.**

Typed or Printed Name of Applicant

X _____ _____

Signature of Applicant **Date**