GEORGIA ATHLETE AGENT

237 Coliseum Dr., Macon, GA 31217
478.207.2440 ~ www.sos.state.ga.us/plb/agent

DO NOT WRITE IN THIS SECTION	
RECEIPT	# _____
AMOUNT	_____
APPLICANT #	_____
INITIAL	DATE _____

APPLICATION FOR ATHLETE AGENT REGISTRATION

THIS APPLICATION IS FOR:

☐ NEW APPLICANT - FEE: $200.00 (Non-refundable)

☐ REINSTATEMENT OF REGISTRATION #_____FEE: $500.00 (Non-refundable)

APPLICANT NAME (First, Middle, Last): _____

Social Security No.* _____-_____-_____
*This information is authorized to be obtained & disclosed to state & federal agencies pursuant to O.C.G.A. § 19-11-1 & O.C.G.A. § 20-3-295, 42 U.S.C.A. § 551 & 20 U.S.C.A. § 1001.

Place of Birth: _____
(City) (State and/or Country)

Age: _____ Date of Birth: _____ Gender: Male____ Female ____

RESIDENCE ADDRESS: _____
Street (Cannot use PO Box)

_____
City, State, Zip, County Telephone Number

Email Address (required; not shared with Third Parties): _____

MAILING ADDRESS (if you are granted a license, your name, mailing address and license number will become public information and will be posted on the Secretary of State's website.

_____
Street or PO Box

_____
City, State, Zip, County

ATHLETE AGENTS MUST BE FAMILIAR WITH THE LAWS AND RULES GOVERNING THE PRACTICE which are posted on the Board's website at www.sos.state.ga.us/plb/agent.

O.C.G.A. §43-4A-10.
(a) An athlete agent shall retain the following records for a period of five years:
- The name and address of each individual represented by the athlete agent;
- Any agency contract entered into by the athlete agent; and
- Any direct costs incurred by the athlete agent in the recruitment or solicitation of a student athlete to enter into an agency contract.

(b) Records required by subsection (a) of this Code section to be retained are open to inspection by the commission during normal business hours.

APPLICATION FOR ATHLETE AGENT REGISTRATION

EMPLOYMENT HISTORY

STARTING WITH YOUR CURRENT EMPLOYER, List your employment for the immediate past FIVE (5) years, including self-employment. All time must be accounted for, including periods of unemployment, if applicable. Use additional pages if needed.

FROM	TO	EMPLOYER	POSITION HELD

EDUCATIONAL BACKGROUND

HIGH SCHOOL:

NAME

CITY STATE Graduation Date

COLLEGE:

NAME

CITY STATE Graduation Date / Degree Awarded

NAME

CITY STATE Graduation Date / Degree Awarded

GRADUATE

EDUCATION

NAME

CITY STATE Graduation Date / Degree Awarded

APPLICATION FOR ATHLETE AGENT REGISTRATION

TRAINING AND EXPERIENCE

For each of the categories below, detail your education, training, or other experience which you believe qualifies you as an athlete agent. For each category, provide the number of years or months of experience.

DRAFTING CONTRACTS

_____

CONTRACT NEGOTIATIONS

_____

_____

COMPLAINT RESOLUTION

_____

_____

ARBITRATION

_____

_____

CIVIL DISPUTE RESOLUTION

_____

_____

Provide the following information on all athletes for whom you have provided professional service for compensation for the past five (5) years immediately preceding the submission of this application.

ATHLETE NAME	PROFESSIONAL SPORT	LAST KNOWN TEAM	DATES OF YOUR SERVICE	NATURE OF SERVICE

APPLICATION FOR ATHLETE AGENT REGISTRATION

TRAINING AND EXPERIENCE continued

If you are an attorney or law school graduate, provide the following information:

BAR MEMBERSHIPS:

JURISDICTION DATE ADMITTED

JURISDICTION DATE ADMITTED

JURISDICTION DATE ADMITTED

JURISDICTION DATE ADMITTED

BAR ADMISSION APPLICATIONS PENDING:

STATE STATUS

STATE STATUS

PROFESSIONAL MEMBERSHIPS: List memberships in all professional organizations which are directly related to your occupation or profession.

PROFESSIONAL LICENSES: List all occupational and professional licenses or similar credentials you currently hold and have held.

LICENSE OR CREDENTIAL	STATE WHERE LICENSED OR CREDENTIALED	DATE OBTAINED	EXPIRATION DATE

APPLICATION FOR ATHLETE AGENT REGISTRATION

AFFIDAVITS
(to be completed by persons having personal knowledge of the character of the Applicant)

The undersigned swears or affirms that the applicant is personally known to the undersigned, that the undersigned is not related to the applicant, and that the applicant is reputable, trustworthy, and competent to transact the business of an athlete agent in such manner as to safeguard the interest of the public.

STATE OF _____
COUNTY OF _____

_____
SIGNATURE

SUBSCRIBED AND SWORN TO BEFORE ME THIS

_____ DAY OF _____,

_____
PRINT NAME

_____
NOTARY PUBLIC
MY COMMISSION EXPIRES: _____

_____
DATE

The undersigned swears or affirms that the applicant is personally known to the undersigned, that the undersigned is not related to the applicant, and that the applicant is reputable, trustworthy, and competent to transact the business of an athlete agent in such a manner as to safeguard the interest of the public.

STATE OF _____

_____
Signature

COUNTY OF _____

_____
Print Name

SUBSCRIBED AND SWORN TO BEFORE ME THIS

_____ DAY OF _____, 20_____

_____
Date

_____
NOTARY PUBLIC
MY COMMISSION EXPIRES: _____

The undersigned swears or affirms that the applicant is personally known to the undersigned, that the undersigned is not related to the applicant, and that the applicant is reputable, trustworthy, and competent to transact the business of an athlete agent in such a manner as to safeguard the interest of the public.

STATE OF _____

_____
Signature

COUNTY OF _____

_____
Print Name

SUBSCRIBED AND SWORN TO BEFORE ME THIS

_____ DAY OF _____, 20_____

_____
Date

_____
NOTARY PUBLIC
MY COMMISSION EXPIRES: _____

APPLICATION FOR ATHLETE AGENT REGISTRATION

BUSINESS AFFILIATION

Provide the following information on the business with which you are affiliated.

Company Name:_____

_____
Street Address, City, State, Zip Telephone

TYPE OF OWNERSHIP: ____ Sole Proprietorship ____ Partnership ____Corporation ____ LLC

OWNERSHIP / RELATIONSHIP INFORMATION

COMPLETE THIS SECTION IF BUSINESS IS A SOLE PROPRIETORSHIP:

OWNER NAME: _____

RESIDENCE: _____
Street (not a PO Box), City, State, Zip Code Telephone

COMPLETE THIS SECTION IF BUSINESS IS A PARTNERSHIP:

LIST PARTNERS:

NAME: _____ TITLE: _____

RESIDENCE: _____
Street (not a PO Box), City, State, Zip Code Telephone

NAME: _____ TITLE: _____

RESIDENCE: _____
Street (not a PO Box), City, State, Zip Code Telephone

NAME: _____ TITLE: _____

RESIDENCE: _____
Street (not a PO Box), City, State, Zip Code Telephone

NAME: _____ TITLE: _____

RESIDENCE: _____
Street (not a PO Box), City, State, Zip Code Telephone

APPLICATION FOR ATHLETE AGENT REGISTRATION

BUSINESS AFFILIATION continued

COMPLETE THIS SECTION IF BUSINESS IS A CORPORATION OR LIMITED LIABILITY COMPANY:

Date registered with Georgia Secretary of State: _____

List officers, members, associates, managers, directors, or shareholders with interest of 5% or greater in the organization:

NAME: _____ TITLE: _____

RESIDENCE: _____

Street (not a PO Box), City, State, Zip Code Telephone

NAME: _____ TITLE: _____

RESIDENCE: _____

Street (not a PO Box), City, State, Zip Code Telephone

NAME: _____ TITLE: _____

RESIDENCE: _____

Street (not a PO Box), City, State, Zip Code Telephone

NAME: _____ TITLE: _____

RESIDENCE: _____

Street (not a PO Box), City, State, Zip Code Telephone

NAME: _____ TITLE: _____

RESIDENCE: _____

Street (not a PO Box), City, State, Zip Code Telephone

USE ADDITIONAL PAGES IF NECESSARY TO COMPLETE THE LISTING

APPLICATION FOR ATHLETE AGENT REGISTRATION

BACKGROUND INVESTIGATION QUESTIONNAIRE

As part of a background investigation to determine your suitability for the issuance of a registration by the Georgia Athlete Agent Regulatory Commission, you are required to answer the following questions. If you answer "Yes" to any question, give a brief explanation of your answer, including dates and places of arrest(s) and/or conviction(s). Attach additional pages, if necessary.

Arrests, convictions, or pending dispositions require certified copies of final court dispositions to be included with this application. Sanctions on professional license, certificate, or registration require certified copies of the action taken against the license, certificate, or registration. Failure to provide final dispositions will delay consideration of your application.

Felony question - Have you or any partner, officer, director, member, manager, associate, or any shareholder of the business having an interest of 5% or greater been convicted in any court of a felony, or any other crime, for which the judge could have imprisoned you for more than one year, even if you received a shorter sentence including probation?	YES	NO
First Offender question - Have you or any partner, officer, director, member, manager, associate, or any shareholder of the business having an interest of 5% or greater ever entered a plea pursuant to the provisions of the "Georgia First Offender Act," or any other first offender act? If you pled and completed probation as a First Offender, you must answer "Yes".	YES	NO
Fraud question - Has any administrative or judicial determination ever been made that you or any partner, officer, director, member, manager, associate, or any shareholder of the business having an interest of 5% or greater has made a false, misleading, deceptive, or fraudulent representation?	YES	NO
Sanction/suspension question - At any time has the conduct of the applicant or any partner, officer, director, member, manager, associate, or any shareholder of the business having an interest of 5% or greater 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 or educational institution?	YES	NO
Unprofessional conduct question - Have you or any partner, officer, director, member, manager, associate, or any shareholder of the business having an interest of 5% or greater ever been disciplined or cited for a breach of ethics or unprofessional conduct?	YES	NO
License question - Have you or any partner, officer, director, member, manager, associate, or any shareholder of the business having an interest of 5% or greater ever had a professional license or certification revoked, suspended, or modified for any reason?	YES	NO
Probation question - Have you or any partner, officer, director, member, manager, associate, or any shareholder of the business having an interest of 5% or greater ever been reprimanded, placed on probation, or otherwise disciplined by a professional licensing or certification body?	YES	NO
Charges question - Are there currently any charges pending against you or any partner, officer, director, member, manager, associate, or any shareholder of the business having an interest of 5% or greater for a criminal offense?	YES	NO

APPLICATION FOR ATHLETE AGENT REGISTRATION

NON-RESIDENT ATHLETE AGENT APPLICANTS ONLY

DESIGNATION OF AGENT FOR THE SERVICE OF PROCESS

KNOW ALL MEN BY THESE PRESENTS:

The undersigned_____being an applicant for licensure as a non-resident Athlete Agent of the State of Georgia, does hereby irrevocably designate and appoint the Division Director, Professional Licensing Division, State of Georgia, as his or her agent for the purpose of accepting service of any and all process issued by any court located within the State of Georgia, as well as service of all pleadings and other papers relating in any way to any action, suit or legal proceeding arising out of or pertaining to his or her duties or responsibilities as an Athlete Agent in the State of Georgia. The undersigned further consents, stipulates and agrees that any lawful process served upon the Division Director shall have the same legal force and validity as if served upon the undersigned personally within the State of Georgia and that the authority contained here shall continue in force and effect so long as the undersigned holds a registration as an athlete agent in the State of Georgia.

This_____day of_____,_____.

_____
Signature of the Applicant

_____
Print Name

State of_____, County of _____

The above-named personally appeared before the undersigned Notary Public in and for the above-named County and State, the day and date above-named, and acknowledged the execution of the foregoing instrument to be the voluntary act and deed of such applicant for the purposes therein set forth.

SUBSCRIBED AND SWORN TO BEFORE ME THIS

_____DAY OF_____, _____

_____
NOTARY PUBLIC

MY COMMISSION EXPIRES: _____

APPLICATION FOR ATHLETE AGENT REGISTRATION

APPLICANT AFFIDAVIT

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and regulations for Athlete Agents, and I agree to abide by these laws and regulations, as amended from time to time. I hereby authorize the Secretary of State to examine any information concerning the escrow/trust account noted in this application.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1:

1) _____ I am a United States citizen 18 years of age or older. Submit a copy of your current Secure and Verifiable Document(s). A list of approved documents can be found at www.sos.ga.gov/plb, under QuickLinks.

2) _____ I am not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. Submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.

In making the above attestation, I understand that any failure to make full and accurate disclosures may result in disciplinary action by the Secretary of State and/or criminal prosecution.

State of Georgia
County of _____
Subscribed and sworn to
Before me this _____ day of _____, _____

_____
Notary Public

My Commission Expires: _____

(SEAL)

_____
Applicant's Signature

_____
Applicant's Printed Name

GEORGIA ATHLETE AGENT REGULATORY COMMISSION SURETY BOND
237 COLISEUM DRIVE
MACON, GA 31217
www.sos.state.ga.us/plb/agent

SURETY BOND

Bond # _____ Premium: $_____

KNOW ALL MEN BY THESE PRESENTS that we, _____
(Legal Entity)

as Principal, and_____as Surety of_____are held and firmly bound to the people of the
(Main Address)
State of Georgia in the penal sum of Ten Thousand Dollars ($10,000.00) lawful money of the United States of America to be paid to the people of the State of Georgia; for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, firmly by these presents.

The condition of this obligation is set forth in O.C.G.A. §43-4A-12. Such surety bond shall be executed in the favor of the State with a surety bond company authorized to do business in this state and conditioned to pay damages in the amount of such bond to any athletic department aggrieved by any act of the principal named in such bond, which act is in violation of O.C.G.A. §43-4A-13 or would be grounds for revocation of a license under O.C.G.A. §43-4A-7. If more than one athletic department suffers damages. by the actions of the principal, each athletic department shall receive a pro rata share of such amount of the bond for each athlete who loses his or her eligibility to participate in intercollegiate sports contests as a member of a sports team at an institution of higher education as a result of actions of the principal.

This bond shall be deemed continuous in form and shall remain in full force and effect throughout all succeeding registration periods unless terminated or cancelled in the manner hereinafter provided.

The aggregate liability of the surety claims against this bond shall, in no event, exceed the penal sum of this bond.

The State of Georgia, acting through the Georgia Athlete Agent Regulatory Commission reserves the right to terminate this bond (except to liability there under already incurred or accrued) at any time by a written notice of such termination to the surety, and thereupon this bond shall terminate and be of no more force or effect, except as to any liability already incurred or accrued as to which it shall remain in force and effect.

IN WITNESS WHEREOF, the said Principal and Surety have hereunto set their hands and seals this_____day of
_____, 20___.

(Individuals, sign below. If partnership, all partners must sign below.)

_____ _____
Principal Surety

_____ By:_____

_____ _____
Title

Note: This bond is to be duly executed and filed with the Georgia Athlete Agent Regulatory Commission, 237 Coliseum Drive, Macon, GA 31217.

Athlete Agents

FEE SCHEDULE

INITIAL LICENSURE	
License Fee	$200.00
LICENSE RENEWAL FEES	
Licenses expire on June 30th of Odd Numbered Years	
License Renewal Fee	$170.00
Reinstatement of License - Required After June 30th of renewal year **Note: Any license which has not been renewed on or before June 30 of the renewal year will be administratively revoked. Reinstatement of an expired license will require a new application and reinstatement fee.	$500.00
MISCELLANEOUS FEES	
Duplicate License Fee (may be ordered online or printed free online)	$25.00
License Verification Letter	$25.00
Decorative Wall Certificate	$50.00
Fee for Electronic Roster of Licensed Used Motor Vehicle Dealers - By Email or CD-ROM (Excel Format)	$100.00