

**GEORGIA ATHLETE AGENT**  
237 Coliseum Dr., Macon, GA 31217  
404-424-9966 • [www.sos.ga.gov/plb](http://www.sos.ga.gov/plb)

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 + \$10.00 processing fee (Non-refundable)

REINSTATEMENT OF REGISTRATION # \_\_\_\_\_ FEE: \$500.00 + \$10.00 processing fee (Non-refundable)

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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 \_\_\_\_\_

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RESIDENCE ADDRESS: \_\_\_\_\_  
Street (Cannot use PO Box)

City, State, Zip, County

Telephone Number

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

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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.ga.gov/plb](http://www.sos.ga.gov/plb).**

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 Secretary of State 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**

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**CONTRACT NEGOTIATIONS**

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**COMPLAINT RESOLUTION**

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**ARBITRATION**

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**CIVIL DISPUTE RESOLUTION**

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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.

<b>ATHLETE NAME</b>	<b>PROFESSIONAL SPORT</b>	<b>LAST KNOWN TEAM</b>	<b>DATES OF YOUR SERVICE</b>	<b>NATURE OF SERVICE</b>

**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 CREDENTIALLED	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 \_\_\_\_\_

SUBSCRIBED AND SWORN TO BEFORE ME THIS

\_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
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 \_\_\_\_\_

SUBSCRIBED AND SWORN TO BEFORE ME THIS

\_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
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

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**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

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**COMPLETE THIS SECTION IF BUSINESS IS A PARTNERSHIP:**

**LIST PARTNERS:**

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

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

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NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

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

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NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

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

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NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

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

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**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

\_\_\_\_\_

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**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 Professional Licensing Boards Division as a Georgia Athlete Agent, 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.**

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
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? <b>If you pled and completed probation as a First Offender, you must answer "Yes".</b>	YES	NO
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 have made a false, misleading, deceptive, or fraudulent representation?	YES	NO
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
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
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
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
Are there currently any charges for a criminal offense pending against you or any partner, officer, director, member, manager, associate, or any shareholder of the business having an interest of 5% or greater?	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](http://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 \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

(SEAL)

**GEORGIA ATHLETE AGENT SURETY BOND**  
**Professional Licensing Boards Division**  
**237 Coliseum Drive**  
**Macon, GA 31217**  
**www.sos.ga.gov/plb**

**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  
(Main Address)

the State of Georgia in the penal sum of \_\_\_\_\_ (amount must be at least \$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 Professional Licensing Boards Division 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 Signature

\_\_\_\_\_  
Surety Signature

\_\_\_\_\_  
Partner signature (if applicable)

\_\_\_\_\_  
Partner Signature (if applicable)

Note: This bond is to be duly executed and filed with the Professional Licensing Board Division – Athlete Agent, 237 Coliseum Drive, Macon, GA 31217.