

Print out and email the following, along with your receipt, to trades3@sos.ga.gov

GEORGIA ATHLETE AGENT

APPLICANT NAME:
(Print clearly)

APPLICANT TRACKING CODE:
(Found on receipt page)

PROVIDE THE FOLLOWING INFORMATION ON THE BUSINESS WITH WHICH YOU ARE AFFILIATED.

Company Name:

Phone #:

Address: (street, city, state, zip)

- Attach to this form:
 - a list which includes the names and addresses of all partners, officers, members, directors, associates, or shareholders with interest of 5% or greater in the organization;
 - a resume that includes the following information:
 - Employment history for the previous five (5) years;
 - Information regarding your formal training as an athlete agent;
 - Information regarding your practical experience as an athlete agent;
 - Information regarding your education;
 - The name, sport, and last-known team of all players for whom you acted as representative for the previous five (5) years;
 - The names and addresses of three (3) individuals who are not related to you who will act as references.
 - the required surety bond that follows this form;
 - the Affidavit of Citizenship that follows this form;
 - a copy of a secure and verifiable document as required by **O.C.G.A. § 50-36-2**
 - for non-Georgia residents, complete and attach the Designation of Agent for the Service of Process form.

GEORGIA ATHLETE AGENT
237 COLISEUM DRIVE MACON, GA 31217
www.sos.ga.gov/plb/agent

SURETY BOND

Bond # _____ Premium: \$ _____

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

as Principal, and _____ as Surety of _____ are held
(Main Address)

and firmly bound to the people of the 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 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 sure ty, 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____.

(Sign below; If a 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, 237 Coliseum Drive, Macon, GA 31217.

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: _____

SEAL

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 _____

Applicant's Signature

Subscribed and sworn to

Before me this _____ day of _____, _____

Applicant's Printed Name

Notary Public

My Commission Expires: _____

(SEAL)