

**Department of Professional and Occupational Regulation  
 ATHLETE AGENT REGISTRATION APPLICATION**

- Prior to applying for registration, all applicants should read and understand the requirements set forth in the Code of Virginia;  
 Title 54.1, Chapter 5.2 Athlete Agents - <https://law.lis.virginia.gov/vacode/title54.1/chapter5.2/>

**A check or money order payable to the TREASURER OF VIRGINIA,  
 or a completed [credit card insert](#) must be mailed with your application package.**

**APPLICATION FEES ARE NOT REFUNDABLE.**

Applying for <b>Initial</b> :	Fee	Applying for <b>Renewal</b> :	Fee
<input type="checkbox"/> 1 year Registration (1020)	\$700.00	<input type="checkbox"/> 1 year Registration (2020)	\$700.00
<input type="checkbox"/> 2 year Registration (1021)	\$1,150.00	<input type="checkbox"/> 2 year Registration (2020)	\$1,150.00

- Keep a copy of this application for your records. Licensees may **renew** their registration by submitting this application and any chances that have occurred during the renewal cycle.
- If you need additional space to complete a question, attach a separate sheet with your answers to this application.
- Provide a **current** or **previous** license, certification or registration issued by the Department of Professional and Occupational Regulation - (if applicable)

Virginia License Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

1. Full Legal Name (As it appears on your government issued ID or other legal documentation.)

\_\_\_\_\_  
 Last (required) First (required) Middle Generation

2. Provide at least **one** of the following identification numbers\*:

☐ **Social Security Number** and/or \_\_\_\_\_

☐ **Virginia DMV Control Number**

➤ Enter the same identification number as used on examination, previous applications or licenses on file with the department.

\* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the **Virginia** Department of Motor Vehicles.

3. A. Date of Birth \_\_\_\_\_ B. Place of Birth \_\_\_\_\_  
MM/DD/YYYY

4. Maiden or Former Name(s) \_\_\_\_\_

5. Mailing Address (PO Box accepted) \_\_\_\_\_  
 The mailing address will be printed on the license.

\_\_\_\_\_  
 City State Zip Code

6. Street Address (PO Box **not** accepted) ☐ Check here if Street Address is the same as the Mailing Address listed above.

**Applicant's Primary Place of Business**

PHYSICAL ADDRESS REQUIRED

\_\_\_\_\_  
 City State Zip Code

7. Contact Numbers \_\_\_\_\_  
 Work Number Cellphone Number Fax

8. Email Address \_\_\_\_\_

Email address is considered a public record and will be disclosed upon request from a third party.

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
					4201	

9. Website Address \_\_\_\_\_

(Personal and Business/Employer Website as applicable)

10. A. Do you hold a **current Athlete Agent** license, certification or registration issued by any state or territory of the United States?

No ☐

Yes ☐ If yes, complete the following table for **each current license, certification or registration** and provide a Certificate of Registration/Letter of Good Standing prepared by the state board or regulatory body :

State/Jurisdiction	License, Certification or Registration Number	Expiration Date

♦ *Certificate of Registration/Letter of Good Standing, prepared by the state board or regulatory body must include: 1) the license/certification/registration number; 2) the initial date of licensure; and 3) the expiration date of the license.*

- B. Are you applying through **reciprocity**?

No ☐ If no, continue to question 11.

Yes\* ☐ If yes, provide the following documents and then **skip to question 25**:

\* *You must hold a CURRENT registration in good standing as an Athlete Agent in another jurisdiction to apply through reciprocity. The application and registration requirements of the other jurisdiction must be substantially similar to, or more restrictive than, the requirements to obtain registration in Virginia.*

Attach the following:

- Copy of your application used to apply for registration from another jurisdiction. The registration used for reciprocity must be current.
- Statement, signed under penalty of perjury, that :
  - Identifies any material change(s) provided on the application OR
  - Verifies there is no change in the information provided.
- Certificate of Registration ♦ prepared by the state board or regulatory body, as requested in question #10.A.

11. A. Complete the following table for your **educational background** relating to your activities as an Athlete Agent:

Field of Study	Institution	Degree	Major	Completed MM/YY

- B. Give a brief description of your **formal training** as an Athlete Agent:

C. Give a brief description of your **practical experience** as an Athlete Agent:

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12. **Student Athlete Representation** - list ALL the student-athletes for whom the applicant acted as an Athlete Agent within the **last five years** (if student-athlete is a **minor**, list only the name of the minor's parent/guardian).

➤ If you need additional space to complete a question, attach a separate sheet with your answers to this application.

Student-Athlete Name (or parent/guardian for minor)	Sport	Last Known Team Name

13. **Employment History** - provide the past 5 years of employment (include self-employment, and any professional or occupational license, registration or certificate held during this time):

Business/Occupation/Job Title	Employer Name	Years of Employment	License/Certification/Registration (If applicable)

14. A. **Current Business/Employer** - complete the following table for each of the applicant's businesses or employers

Name of Business/Employer	Mailing Address	Telephone Number	Form of Organization*	Nature of Business

\* For example: sole proprietorship, general partnership, solely owned LLC, corporation, limited partnership, limited liability company, etc. All businesses in Virginia must be registered with the State Corporation Commission, including all out-of-state businesses. For additional information, contact the SCC at [www.scc.virginia.gov](http://www.scc.virginia.gov).

B. For every business and employer named above, **list each person** that:

1. Is a partner, member, officer, manager, associate, or profit sharer of the Athlete Agent's business (if it is not a corporation)
2. Directly or indirectly holds an equity interest of five percent or greater of the Athlete Agent's business (if it is not a corporation)
3. Is an officer or director of a corporation employing the Athlete Agent
4. Is a shareholder having an interest of five percent or greater in the corporation

Individual's Full Legal Name	Title	Address	Social Security No. or VA DMV Control No.*

15. List all social media accounts with which you or your business or employer is affiliated:

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16. Have you or anyone listed under question 14.B. ever been subject to a **disciplinary action** taken by any (including Virginia) local, state, or national regulatory?

No ☐

Yes ☐ If yes, complete the [Disciplinary Action Reporting Form](#).

17. Have you or anyone listed under question 14.B. ever been refused or **denied** a professional, occupational or business license, certification, or registration by any (including Virginia) local, state or national regulatory body?

No ☐

Yes ☐ If yes, complete the [Denial of Licensure Reporting Form](#).

18. A. Have you or anyone listed under question 14.B. ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **felony**? *Any plea of nolo contendere shall be considered a conviction.*

No ☐

Yes ☐ If yes, complete the [Criminal Conviction Reporting Form](#).

B. Have you or anyone listed under question 14.B. ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **misdemeanor involving moral turpitude**? *Any plea of nolo contendere shall be considered a conviction.*

No ☐

Yes ☐ If yes, complete the [Criminal Conviction Reporting Form](#).

19. Have you or anyone listed under question 14.B. ever had any **outstanding/past-due debts** (including child support arrearage); judgments; liens; past due 'unpaid' claims or suits; outstanding tax obligations; defaults on bonds; or pending/past bankruptcies?

No ☐

Yes ☐ If yes, complete the [Adverse Financial History Reporting Form](#)

20. Have you or anyone listed under question 14.B. ever been a defendant or respondent in a **civil proceeding**, including one seeking an adjudication of legal incompetence within the last 15 years?

No ☐

Yes ☐ If yes, provide the date and a full explanation of each proceeding:

21. Have you or anyone listed under question 14.B. ever had any administrative or judicial determination made against them for **false, misleading, deceptive, or fraudulent representation**?

No ☐

Yes ☐ If yes, provide a certified copy of the determination entered by the court or administrative agency with lawful authority to issue such determination.

22. Have you or anyone listed under question 14.B. ever engaged in **conduct** resulting in the imposition of a sanction, suspension, or declaration of ineligibility to participate in an interscholastic or intercollegiate athletic event of a student-athlete or a sanction on an educational institution?

No ☐

Yes ☐ If yes, provide a full description of the instance and attach any related documentation.

23. A. List every state or territory of the United States where you **have ever applied** to be registered as an Athlete Agent that is not already named in question 10.A.

State/Jurisdiction	Date of Application	State/Jurisdiction	Date of Application

- B. Describe the **status of any application** by you or anyone listed under question #14.B. for a state or federal business, professional, or occupational license **other than as an Athlete Agent** (including any denial, refusal to renew, suspension, withdrawal, termination, reprimand, or censure related to the license).

24. A. List every state or territory of the United States where you are certified or registered by a **professional league** or **players association**.

League or Association Name	Initial Certification/Registration Date	Expiration Date of Certification/Registration

- B. Have you ever been **refused or denied** a certification or registration by a professional league or players association?

No ☐

Yes ☐ If yes, attach any related documentation.

- C. Have you ever been subject to reprimand, censure, or other disciplinary action by a professional league or players association related to a certification or registration?

No ☐

Yes ☐ If yes, provide a description of the disciplinary action and attach any related documentation.

25. By signing this application, I certify the following statements:

- I am aware that submitting false information or omitting pertinent or material information in connection with this application will delay processing and may lead to license revocation or denial of license.
- I will notify the Department of any changes to the information provided in this application prior to receiving the requested license, certification, or registration including, but not limited to any disciplinary action or conviction of a felony or misdemeanor (in any jurisdiction).
- I authorize the Department to verify information concerning me or any statement in this application from any person, or any source the department may contact. I also agree to present any credentials or documents required or requested by the Department.
- I authorize any federal, state or local government agency, current or former employer, or other individual or business to release information which may be required for a background investigation.
- I have read, understand and complied with all the laws of Virginia related to this profession under the provisions of Title 54.1, Chapter 5.2, Athlete Agents; of the *Code of Virginia*.
- **I declare under penalty of perjury that the foregoing, including any attachment(s), is true and correct.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Photocopy this sheet if additional space is needed.

**Continued from page 2 -**

Complete the following table only if additional space is needed.

10. A. Do you hold a **current Athlete Agent** license, certification or registration issued by any state or territory of the United States?
- If no, do **not** complete this section.
- ***If yes, continue to complete the following table for each current license, certification or registration and provide a Certificate of Registration/Letter of Good Standing prepared by the state board or regulatory body♦:***

[illegible]

◆ *Certificate of Registration/Letter of Good Standing, prepared by the state board or regulatory body must include: 1) the license/certification/registration **number**; 2) the **initial date** of licensure; and 3) the **expiration date** of the license.*