OFFICE OF THE MISSISSIPPI SECRETARY OF STATE
Post Office Box 136, Jackson, MS 39205-0136
(601)359-9055

Application for Registration or Renewal of Athlete Agent

A Certificate of Registration or a renewal of a registration of an Athlete Agent is valid for two (2) years. Pursuant to Section 73-42-9 of the Miss. Code Ann. (1972), as amended, the undersigned hereby submits the following Application for Registration.

New Application ☐ Renewal ☐ Phone Number: _____

A. Name and address of applicant: _____

Name:_____

Address:_____

City: _____ State:_____ Zip:_____

Email address: _____

Website address:_____

B Name and address of the applicant's business or employer, if applicable:

_____

C. Please state the business or occupation engaged in by the applicant for the five (5) years preceding the date of submission of the application, including the name and address of such business (es):

_____

D. Please provide a description of the applicant's:

(a) Formal training as an athlete agent:

_____

(b) Practical experience as an athlete agent:

_____

(c) Educational background relating to applicant's activities as an athlete agent.

_____

E. Please provide as references the names, addresses, and phone numbers of three (3) individuals not related to the applicant:

Name: _____ Phone:_____

Address:_____

City:_____State:_____Zip: _____

Name: _____ Phone:_____

Address: _____

City: _____State:_____ Zip:_____

Name: _____ Phone: _____

Address: _____

City: _____State:_____ Zip:_____

F. Please provide the name, sport, and last known team for each individual for whom the applicant provided services as an athlete agent during the five (5) years preceding the date of submission of the application.

Name and sport: _____

Last known team: _____

Name and sport: _____

Last known team: _____

Name and sport: _____

Last known team: _____

(If additional space is needed, please attach a list to this application.)

G. (a) If the Athlete Agent's business is a corporation or LLC, please provide names and addresses for all officers, directors, and any shareholders or members of the corporation or LLC with a 5% or greater interest:

Name: _____

Address:_____

City:_____State:_____ Zip: _____

Name: _____

Address: _____

City: _____State:_____Zip:_____

Name: _____

Address: _____

City: _____State:_____Zip:_____

(If additional space is needed, please attach a list to this application.)

G. (b) If the athlete agent's business is NOT a corporation or LLC, please produce names and addresses of all partners, individuals, associates, officers:

Name: _____

Address:_____

City:_____State:_____Zip: _____

Name: _____

Address: _____

City: _____State:_____ Zip:_____

Name: _____

Address: _____

City: _____State:_____ Zip:_____

(If additional space is needed, please attach a list to this application.)

H. Has the applicant or any other person named pursuant to paragraph G above ever been convicted of a crime that, if committed in this state, would be a felony or other crime involving moral turpitude? A crime (misdemeanor or felony) involving moral turpitude is one in which deceit is an element of the crime.

Yes ☐ No ☐

If yes, please state the name of that individual and identify the crime.

Name: _____

Identity of the crime: _____

I. Has there ever been any administrative or judicial determination that applicant or any other person named in paragraph G made a false or misleading, deceptive, or fraudulent representation?

Yes ☐ No ☐

If yes, explain:

J. Has the conduct of applicant or any other person named in paragraph G resulted in the imposition of sanction, suspension, or declaration of ineligibility to participate in an interscholastic or intercollegiate athletic event on a student athlete or on an educational institution?

Yes ☐ No ☐

If yes, explain:

K. Have sanctions, suspension or disciplinary action ever been taken against the applicant or any other person named pursuant to paragraph G arising out of occupational or professional conduct?

Yes ☐ No ☐

If yes, explain:

L. Has there ever been a denial, refusal to renew, suspension, revocation, or cancellation of a registration, licensure or certification of the applicant/registrant or any other person named in

paragraph G as an Athlete Agent by any state, or sanction, suspension, or other disciplinary action imposed by any occupational or professional association?

Yes ☐ No ☐

M. Is there any pending litigation against the applicant in regard to the applicant's capacity as an Athlete Agent? Include administrative actions by state administrative bodies, judicial civil actions, and actions by professional and occupational organizations (i.e., NFLPA disciplinary actions).

Yes ☐ No ☐

If yes, please provide the name of the case, case number, jurisdiction, and brief explanation of the facts.

N. Please list all of the states in which the applicant is currently licensed or registered as an Athlete Agent and provide a copy of each state's license, registration, or certification as applicable.

O. By signing this application, the applicant consents to submit to a criminal background check before being issued a Certificate of Registration. A background check will be conducted at the discretion of the Mississippi Secretary of State on an as needed basis to verify information disclosed or withheld on this application. The applicant further agrees that the applicant will pay any fees connected with said background check, if requested by the SOS, prior to the issuance of the Certificate of Registration.

P. The applicant acknowledges that all registered Athlete Agents in the State of Mississippi must notify the Secretary of State within 30 days whenever the information contained in this application changes in a material way, becomes inaccurate or incomplete in any respect. Such events requiring notice shall include, but are not limited to, the following:

a) Change in address of the Athlete Agent's principal place of business;
b) conviction of a felony or other crime involving moral turpitude by the Athlete Agent;
c) denial, suspension, refusal to renew, or revocation of a registration, license, or
d) certification of the Athlete Agent as an Athlete Agent in any state; any sanction,
e) suspension, or other disciplinary action taken against the Athlete Agent arising out of occupational or professional conduct.

The applicant understands and acknowledges that failure to accurately report the information requested in this application may subject the applicant to criminal and civil penalties under Section 73-42-1 et seq., of the Miss Code Ann.

I _____ have read this Application for Registration or
(NAME)

Renewal of an Athlete Agent and the instructions and understand agree to all the terms and conditions therein. I further swear or affirm that the information provided in this application is true and correct as of the date submitted to the best of my knowledge.

By: Signature of
Applicant: _____

Printed name: _____ Title:_____

Acknowledgement

State: _____

County: _____

I, _____ (notary public), do hereby certify that on the

_____ day of _____ 20____, who being by me first duly sworn, personally

appeared before me declared that the statements herein contained are true and correct.

My Commission Expires:

_____ _____
Notary Public

Make Check for $200.00 payable to the MISSISSIPPI SECRETARY OF STATE. Mail completed form with payment to SECRETARY OF STATE, PO BOX 136, JACKSON, MS 39205-0136. For assistance contact a customer service representative at (601) 359-9055 or visit our website at www.sos.ms.gov for forms and instructions.