ROSS MILLER
Secretary of State
555 East Washington Ave., #5200
Las Vegas, Nevada 89101
Phone (702) 486 2440
Fax (702) 486-2452
Website: www.nvsos.gov

Athlete's Agent Registration Application

ABOVE SPACE IS FOR OFFICE USE ONLY

A fee of **$500.00** must be submitted with all initial and renewal applications.

Type of Registration: (check only one)

☐ Initial ☐ Initial Application for applicant who holds a certificate in another state*****

☐ Renewal ☐ Renewal Application for applicant who holds a certificate in another state*****

***** Initial and Renewal Applications for applicant who holds a certificate in another state may submit the following in lieu of this application:

1. Copy of the Application from state of license or registration - *the application of the other state must have been submitted within 6 months of the date of this application and must contain the information substantially similar to or more comprehensive than the information required in the application to Nevada.*
2. Copy of the certificate of the state of license or registration
3. Section Seven of this application signed by the applicant

SECTION ONE: Athlete's Agent Applicant Information

Last Name | First Name | Middle Name

Street Address of Principal Place of Business | City | State | Zip Code

(Area Code) — Business Phone — (Extension) | Email or Website Address

SECTION TWO: Applicant's Employer (additional space provided in section six, if needed)

1. Name of Business or Employer

2. The Athlete's Agent's Business is (check one box and complete below)

☐ a) a corporation and the names and addresses of the officers, directors and shareholders having an interest of 5 percent or more are listed below.

☐ b) not a corporation and the names and addresses of the partners, members, officers, managers, associates or sharers of profits of the business are listed below

Name	Address

SECTION THREE: Applicant Employment History (additional space provided in section six, if needed)

1. List all businesses and/or occupations engaged in for the 5 years preceding the date of submission of this application.

Name of Business or Employer	Type of Business	Start Date	End Date

2. Describe applicant's formal training as an athlete's agent.

3. Describe applicant's practical experience as an athlete's agent.

4. Describe applicant's educational background relating to activities as an athlete's agent.

5. List the name, sport and last known team for each person for whom the applicant acted as an athlete's agent during the 5 years preceding the date of submission of this application.

Athletes Name	Sport	Team Name	Begin Date	End Date

SECTION FOUR: Disclosure of items pursuant to NRS 398 Section 16 (additional space provided in section six, if needed)

1. Has any person named in Section Two, including applicant, been convicted of a crime? ☐ Yes ☐ No
(If yes, provide details below.)

2. Has any person named in Section Two, including applicant, been subject to an administrative or judicial determination that he or she has made a false, misleading, deceptive or fraudulent representation? (If yes, provide details below.) ☐ Yes ☐ No

3. Has there been any instance in which the conduct of any person named in Section Two, including applicant, 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 an institution? (If yes, provide details below.) ☐ Yes ☐ No

4. Has any sanction, suspension or disciplinary action taken against any person named in Section Two, including applicant, arisen out of occupational or professional conduct? (If yes, provide details below.) ☐ Yes ☐ No

5. Has any person named in Section Two, including applicant, been denied an application for, suspended or revoked of, or refused to renew the registration or licensure as an athlete's agent in any state? (If yes, provide details below.) ☐ Yes ☐ No

SECTION FIVE: Personal References

List the names and addresses of three natural persons, not related to the applicant, who are willing to serve as references.

Name	Address	City	State	Zip Code	Phone Number

SECTION SIX: Information continued from another section

Indicate section number and information being continued.

SECTION SEVEN: Representation of Applicant

The applicant submitting this form and the person executing it hereby represent that it and all materials filed with this application contain true, correct and complete statements of all required information. **The applicant hereby signs the application under penalty of perjury.**

Printed Name of Applicant

X

Signature of Applicant

Date

Reset