



Michigan State University
Office of Compliance Services
Agent/Advisor Registration Application

This form is required for registration by the Michigan State University Professional Sports Counseling Panel.

Please complete this form in its entirety

GENERAL			
Applicant Name: _____			
Last	First	Middle	
Have you ever been known by any other name or surname (such as a maiden name)? If so, state all names and when used: _____			
Date of Birth: _____		S.S. #: _____	
Phone: (____) _____		E-Mail: _____	
Home Address: _____			
City/State/Zip: _____			
If affiliated with a particular firm or agency as a player-agent, please indicate:			
Name of Firm/Agency: _____			
Business Address: _____			
_____	_____	(____) _____	_____
City	State	Zip	Business Phone

EDUCATION			
College (undergraduate)			
School Name: _____			
		City	State
Degree(s) and Year Graduated: _____			
Graduate / Legal			
College or University: _____			
		City	State
Degree(s) Awarded and Year: _____			
Admitted to Bar (if applicable)			
Yes: _____		No: _____	
		State	Date

Experience

Number of years of experience as a player-agent: _____

Sports and leagues in which you currently represent athletes: _____

Other Sports in which you have represented athletes: _____

Please list the names of any athletes, including Michigan State University graduates, you previously or currently represent. For team sports, indicate the team/league to which each athlete is currently under contract and the representative with whom you negotiated the contract; for individual sports, indicate the sport. Write "none" if you do not currently represent any athletes. Use additional sheets if necessary:

Player Name	Sport/Team	Team Representative
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Please indicate which current Michigan State University student-athlete(s) you plan to contact in the upcoming year:

Do you earn income from work performed in some capacity other than as a player agent? Yes No

If yes, describe other occupation(s) or service(s) for what you are paid:

PREVIOUS EMPLOYMENT

Firm: _____ Position/Date: _____

Address: _____

City

State

Firm: _____ Position/Date: _____

Address: _____

City

State

Firm: _____ Position/Date: _____

Address: _____

City

State

References

Name: _____ Position: _____

Address: _____
City State

Name: _____ Position: _____

Address: _____
City State

Name: _____ Position: _____

Address: _____
City State

Name: _____ Position: _____

Address: _____
City State

OTHER QUALIFICATIONS

Current memberships in professional organizations: _____

Occupational or professional licenses (i.e. Certified Public Accountant, Chartered Life Underwriter, etc.), State of Issuance and date obtained:

Are you currently certified by the NFLPA? Effective Date: _____ Expiration Date: _____
Yes No

Are you currently certified by the NBAPA? Effective Date: _____ Expiration Date: _____
Yes No

Are you currently certified by the MLBPA? Effective Date: _____ Expiration Date: _____
Yes No

Are you currently certified by the NHLPA? Effective Date: _____ Expiration Date: _____
Yes No

Other: _____ Effective Date: _____ Expiration Date: _____

Other: _____ Effective Date: _____ Expiration Date: _____

* Attach a copy of your current, valid registration for each organization checked.

Have you ever been disciplined or cited for a violation of a players' association regulation governing athlete agents?
If so, please provide the following: Yes No

- a) Nature of the complaint or charge;
- b) Date of the alleged violation; and
- c) Result or status of the investigation, including action taken, and the authority imposing the action.

PROFESSIONAL SERVICES

General services performed for client-athletes (check those that apply and indicate fee charged)

Contract Negotiation

Estate Planning

Financial Planning

Tax Planning

Investment Counseling

Grievance-Arbitration

Insurance Planning

Insurance Coverage

Appearance/Endorsement

Other: _____

1. Do you offer separate contracts for each service? Yes No

2. Do you manage your clients' funds? Yes No
If yes, please explain:

3. Are you currently registered under the Investment Advisor's Act? Yes No

4. Do you refer players to others for services (e.g., financial planning, insurance) Yes No
If yes, list firm names, addresses, phone numbers, and services you refer:

5. Do you receive a fee for referrals? Explain the basis of any such fees below: Yes No

6. Explain your fee structure, including expenses billed to your clients above and beyond your standard percentage.

7. Do you have any business associates (e.g. marketing associates, "runners") that work with you or your company? Yes No
If yes, please identify all associates in the space provided

Name: _____

Service(s) Provided: _____

Name: _____

Service(s) Provided: _____

Name: _____

Service(s) Provided: _____

Name: _____

Service(s) Provided: _____

Name: _____

Service(s) Provided: _____

Compliance Background

Check any and all of the following items applicable to you and attach complete information for each occurrence or charge, incident, or declaration, including dates, results status, and authority overseeing the action.

Have you been/had:

- | | | |
|---|-----|----|
| 1. Involved in or investigated for allegedly participating in actions violating NCAA, conference, university, college, players' association/league, team, or federation rules? | Yes | No |
| 2. Convicted or plead guilty to a criminal charge other than minor traffic violation? | Yes | No |
| 3. A defendant in civil proceedings including: bankruptcy, involving allegations of fraud, misrepresentation, embezzlement, misappropriation of funds, conversion, breach of fiduciary duty, forgery, or legal malpractice? | Yes | No |
| 4. Adjudicated insane or legally incompetent by any court? | Yes | No |
| 5. Suspended or expelled from any college, university, law school or graduate school? | Yes | No |
| 6. Unsatisfied judgments continuing effect against you other than alimony or child support? | Yes | No |
| 7. Any surety or bond against you and which someone has been required to pay money on your behalf? | Yes | No |
| 8. Declared bankruptcy or been an owner, or part owner of a business which was declared bankrupt? | Yes | No |
| 9. Subject to disciplinary action or had your membership revoked by a professional organization relating to the practice of this profession? | Yes | No |
| 10. To the best of your knowledge, is there any disciplinary action pending against you by any licensing board and/or professional organization? | Yes | No |
| 11. Employment terminated for cause? | Yes | No |

QUESTIONS FOR ATTORNEYS ONLY:

- | | | |
|---|-----|----|
| 1. Disbarred, suspended, reprimanded, censure, or otherwise disciplined or disqualified as an attorney? If yes, provide an attachment with the dates, action taken, the imposing authority and their address. | Yes | No |
| 2. Your right to practice before any governmental office, bureau, agency, commission, etc. ever been disqualified, suspended, withdrawn, denied, or terminated? If yes, please explain fully in attachment. | Yes | No |

Certification

Please make sure the following documents are included:

A copy of your standard representation contract

Copies of valid, current registrations with player organizations

Agent/advisor registration applications will not be completed until all the required items above have been received. You may also send any promotional brochures or other information that you would like to have placed in your files accessible by our student athletes, coaches, and staff.

I, _____, hereby apply to the Michigan State University, Professional Sports Counseling Panel, for registration to participate in the professional sports education programs for Michigan State student-athletes.

I certify that the above information is true, correct and complete to the best of my knowledge. Further, I certify that I will notify Office of Compliance Services at Michigan State University prior to the first contact with a student-athlete who has eligibility remaining in any sport and is enrolled at Michigan State University, or before the first contact with student-athlete's family and friends.

I also certify that I have reviewed NCAA rules and regulations that accompany this form and have not engaged in, nor will engage in any activity that would jeopardize a student-athlete's eligibility. I certify that I am aware of the NCAA rules prohibiting contacting prospective football players who are ineligible to be drafted. I understand that failure to comply with the terms of this certificate and the applicable NCAA legislation may result in the initiation of legal proceedings by Michigan State University against me and the assessment of civil and/or criminal penalties to me. I understand that the information herein is public information and may be provided by Michigan State University to its student-athletes, families and others.

In the event your information or situation changes please contact the Office of Compliance Services so that we may update your registration.

Applicant Name

Applicant Signature

Date

Return completed application to:

MSU Agent/Advisor Registration
Attention: Office of Compliance Services
223 Jenison Field House
East Lansing, MI 48824

