



**ATHLETE AGENT REGISTRATION/  
RENEWAL APPLICATION**  
SECRETARY OF STATE  
SFN 60891 (08-2017)

**For Office Use Only**

ID Number:	
WO Number:	
Filed:	By:
Secretary of State State of North Dakota 600 E Boulevard Ave Dept 108 Bismarck ND 58505-0500 Telephone: (701) 328-3663 Toll-Free: (800) 352-0867, ext. 328-3663 Fax: (701) 328-1690 Email: <a href="mailto:sosadlic@nd.gov">sosadlic@nd.gov</a> Website: <a href="http://sos.nd.gov">sos.nd.gov</a>	

Registration as an athlete agent is valid for two years. N.D.C.C. Chapter 9-15.2.

Applicants already registered as an athlete agent in another state may apply for registration in North Dakota by complying with the requirements of N.D.C.C. § 9-15.2-04(2).

**TYPE OR PRINT LEGIBLY**

**For reference, see North Dakota Century Code Chapter 9-15.2.**

1. Fee: (check one - fees are nonrefundable) <input type="checkbox"/> \$250.00 - Initial registration <input type="checkbox"/> \$150.00 - Renewal				
2. Last name		First name		Middle name
3A. Birthdate		3B. Birth place		
4. Home address		City	State	ZIP code
5. Principal place of business address		City	State	ZIP code
6. Work telephone number		7. Mobile telephone number		8. Fax number
9. Email address		10. Personal website (if applicable)		
11. Business or employer website (if applicable)				
12. Provide the name, mailing address, nature of business, organization form, and telephone number of each of your businesses or employers (attach additional sheet, if necessary)				
NAME	MAILING ADDRESS (street, PO box, city, state, ZIP)	NATURE OF BUSINESS	ORGANIZATION FORM	TELEPHONE NUMBER
13. Social media accounts with which you, or your business or employer, are affiliated				
14. Provide the name of each business or occupation in which you engaged within five (5) years before the date of this application, including self-employment and employment by others, and any professional or occupational license, registration, or certificate held by you during that time (attach additional sheet, if necessary)				
NAME OF BUSINESS OR OCCUPATION		LICENSE, REGISTRATION, OR CERTIFICATE		
15. Provide a detailed description of your formal training, practical experience, and educational background relating to your activities as an athlete agent (attach an additional sheet, if necessary)				

16. List the name, sport, and last-known team for each student-athlete for whom you have acted as an athlete agent during the five (5) years preceding the date of this application. If the athlete is a minor, provide the name of the parent or guardian, sport, and last-known team.

NAME OF ATHLETE	SPORT	PROFESSIONAL SPORTS TEAM

17. If **employed as an athlete agent by a corporation**, provide the names and addresses of the officers and directors of the corporation, and any shareholders of the corporation having an interest of five percent (5%) or greater. If your business as an athlete agent is not a corporation, provide the names and addresses of all partners, members, officers, managers, associates, or profit sharers of the business, and any person who directly or indirectly holds an equity interest of five percent (5%) or greater. (Attach additional sheet, if necessary.)

NAME	ADDRESS (street, PO box, city, state, ZIP)

18. Provide a description of the status of any application by you, or any person named in #17, for a state or federal business, professional, or occupational license, other than as an athlete agent, from a state or federal agency, including any denial, refusal to renew, suspension, withdrawal, or termination of the license and any reprimand or censure related to the license.

19. Answer the following questions. If the answer to any questions is "yes," provide details on a separate sheet and attach it to this form.

- | YES                      | NO                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Have you, or any person named in question #17, ever pleaded guilty or no contest to, been convicted of, or have charges pending for, a crime that would involve moral turpitude or be a felony if committed in this state? If yes, identify the crime, the law enforcement agency involved, and, if applicable, the date of the conviction and the fine or penalty imposed. |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you, or any person named in question #17, been a defendant or respondent in a civil proceeding, including a proceeding seeking an adjudication of legal incompetence, within 15 years before the date of this application? If yes, provide the date and a full explanation of each proceeding.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you, or any person named in question #17, have an unsatisfied judgment or a judgment of continuing effect, including spousal support or a domestic order in the nature of child support, which is not current as of the date of this application?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you, or any person named in question #17, adjudicated bankrupt or an owner of a business that was adjudicated bankrupt, within 10 years before the date of this application?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Has there ever been an administrative or judicial determination that you, or any person named in question #17, made a false, misleading, deceptive, or fraudulent representation?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Has your conduct, or that of any person named in question #17, ever resulted in the imposition of a sanction, suspension, or declaration of ineligibility to participate in an interscholastic, intercollegiate, or professional athletic event on a student-athlete or a sanction on an educational institution?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Has there ever been a sanction, suspension, or disciplinary action taken against you, or any person named in question #17, arising out of occupational or professional conduct?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Has there ever been a denial of an application for, suspension or revocation of, refusal to renew, or abandonment of, the registration of yourself, or any person named in question #17, as an athlete agent in any state?  |

20. List each state in which you are currently registered as an athlete agent or in which you have applied to be registered as an athlete agent

21. If you are currently certified or registered by a professional league or players association, provide the name of the league or association; the date of certification or registration, and the date of expiration of the certification or registration, if any; and if applicable, the date of any denial of an application for, suspension or revocation of, refusal to renew, withdrawal of, or termination of, the certification or registration or any reprimand or censure related to the certification or registration.

In submitting this application for registration as an athlete agent in the state of North Dakota, I do hereby swear or affirm that I have reviewed the information contained herein and on any attachments hereto, and that such information is correct and true to the best of my knowledge. I understand that providing false information in this application constitutes cause for denial of my application and could subject me to criminal prosecution for perjury. I acknowledge that I have a duty and I agree to update and correct this information as it changes. I am aware that, should an investigation at any time disclose any such misrepresentation or falsification, my application could be rejected or my registration revoked and that I may be subject to prosecution in the state of North Dakota.

22. Signature	Date
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**CREDIT CARD PAYMENT AUTHORIZATION**  
**SECRETARY OF STATE**  
 SFN 51478 (02-2016)

WO Number (For Office Use Only):
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Amount
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Name			Telephone Number
Address	City	State	ZIP Code
Card Type <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express			Signature (required by credit card companies)
Account Number	CSC Number*	Card Expires (MMYY)	Date

\*Three-digit (Visa, MasterCard, or Discover) or four-digit (American Express) security code