

OREGON STATE UNIVERSITY

Agent/Advisor Registration Form

I. GENERAL

Companies with multiple applicants should complete a form for each person applying

Applicant Name (First, Middle, Last): _____

Have you ever been known by any other name or surname (such as a maiden name)? YES or NO
If so, state all names and when used:

Date of Birth: _____ Citizenship: _____

Home Address: _____ City/State/Zip: _____

Business Name: _____ Work Phone: _____ Cell Phone: _____

Business Fax: _____ E-mail: _____ Website: _____

Business Address: _____ City/State/Zip: _____

II. REGISTRATION/CERTIFICATION

Please check status seeking (select all applicable)

Athletic Agent or Associate ___ Financial Planner ___ Disability Insurance Provider ___ Other (specify) _____

Are you currently registered by the State of Oregon? YES or NO If yes, what is your Oregon Registration Number: _____

Please attach a copy of your State of Oregon Athlete Agent Permit including Application

Please select all leagues you are certified by below, and list the dates certification was effective and expires:

___ National Football Players Association	Effective: _____	Expires: _____	___ Provisional
___ National Basketball Players Association	Effective: _____	Expires: _____	___ Provisional
___ Major League Baseball Players Association	Effective: _____	Expires: _____	___ Provisional
___ Other: _____	Effective: _____	Expires: _____	___ Provisional
___ Other: _____	Effective: _____	Expires: _____	___ Provisional

Please attach a copy of your certification card(s)

Have you ever been disciplined or cited for a violation of a players' association regulation governing athlete agents? YES or NO

If Yes, please provide the name of compliant(s); the date of the alleged allegation(s); and result or status of the investigation, including action taken, and the authority imposing the action below:

List current membership in any professional organization(s): _____

List any occupational or professional licenses (e.g., certified public accountant, charter life underwriter) and dates obtained below:

Do you have any business associates (e.g., "runners", marketing associates, etc.)? YES or NO

If Yes, please identify by first and last name and state the service(s) provided:

Service(s) Provided: _____ Name: _____

Service(s) Provided: _____ Name: _____

Service(s) Provided: _____ Name: _____

III. PROFESSIONAL SERVICES RENDERED

General services performed for client athletes (check all that apply):

- | | | |
|--|--|--|
| <input type="checkbox"/> Playing Contract Negotiations | <input type="checkbox"/> Endorsement Contract Negotiations | <input type="checkbox"/> Legal Assistance |
| <input type="checkbox"/> Tax Consulting | <input type="checkbox"/> Financial Planning | <input type="checkbox"/> Grievance Arbitration |
| <input type="checkbox"/> Estate Planning | <input type="checkbox"/> Insurance | |

Do you have an ownership interest, wholly or partially finance, or directly or indirectly exercise control of any firm or organization that provides service for players upon your referral? YES or NO If Yes, please identify the firms, the addresses, and the phone numbers below:

Name: _____ Web Address: _____ Phone: _____

Name: _____ Web Address: _____ Phone: _____

Name: _____ Web Address: _____ Phone: _____

Explain your billing structure (e.g., "up front") and include expenses billed to your clients above your standard percentage: _____

IV. WORK HISTORY

Please indicate which current Oregon State University student-athlete(s) you plan to contact in the upcoming year.

Student-Athlete Name: _____ Sport: _____ Student-Athlete Name: _____ Sport: _____

Student-Athlete Name: _____ Sport: _____ Student-Athlete Name: _____ Sport: _____

Student-Athlete Name: _____ Sport: _____ Student-Athlete Name: _____ Sport: _____

Do you earn income from work performed in some capacity other than as an agent/advisor? YES or NO

If yes, describe other occupation(s) or service(s) for which you are paid and the average amount of time spent doing agent/advisor related work per week:

V. COMPLIANCE HISTORY

Have you been involved in or investigated for allegedly participating in actions violating NCAA, Conference or University bylaws? YES or NO

If Yes, please provide the name of complainant(s), the date of the alleged violation(s), and the result or status of the investigation, including action(s) taken, and the authority imposing the action(s) below:

VI. EDUCATION

Undergraduate School Name: _____

Degree(s) and Year Graduated: _____

School Address/City/State/Zip: _____

Graduate/Law School Name: _____

Degree(s) and Year Graduated: _____

School Address/City/State/Zip: _____

Admitted to Bar (if applicable) - State: _____ Date Admitted: _____

VII. AGENT/ADVISOR AGREEMENT

I certify that the above information is accurate and complete to the best of my knowledge. Further, I certify that I will notify the Oregon State University (OSU) Athletics Compliance Office (ACO) before the first contact with any student-athlete who has eligibility remaining in any sport and is enrolled at OSU, or before the first contact with the student-athlete's coach. I have reviewed the OSU, State of Oregon, and NCAA rules and regulations that accompany this form and will engage in no activity violating the aforementioned rules and regulations or jeopardize the student-athlete's eligibility. I also understand that failure to comply with the terms of this certification and the applicable OSU, State of Oregon, and NCAA legislation may result in my being banned from coming onto an institution controlled area; that the institution may initiate legal proceedings against me; and civil and/or criminal penalties may be assessed to me in accordance with applicable Oregon statutes.

Signature: _____

Date: _____

Return completed forms with State of Oregon Agent Application and Certification to:

Athletics Compliance Office
Oregon State University
131 Gill Coliseum
Corvallis, Oregon 97331
Telephone: (541) 737-7369
Facsimile: (541) 737-3242