

NEBRASKA APPLICATION FOR REGISTRATION OF ATHLETE AGENT

Please complete the following questions. If additional space is needed for any question, you may attach a separate sheet to the application.

DATE_____

1. APPLICANT INFORMATION

Applicant Last Name:	Applicant First Name:			Applicant Middle Name:	
Address of Applicant's Place of Busine	ess:				
City:	State:	Zip Code:	Daytime Pho	ne Number:	
Name of Applicant's Business or Employer, if applicable:					

2. EMPLOYMENT HISTORY

List any Business or Occupation enga	ged in for the five years p	preceding the date of submission	on of th	is applicatior	n. (Attach
additional sheets if necessary)					
Employer:	Position/Title:	Dates of employment	Fror	m:/	/
			To:	/	/
Address:	City:	State	:	Zip Code:	
Description of Duties:		i			
Employer:	Position/Title:	Dates of employment	Fror	m:/	/
			To:	/	/
Address:	City:	State	:	Zip Code:	
Description of Duties:					
Employer:	Position/Title:	Dates of employment	Fro	m:/	/
			To:	/	/
Address:	City:	State		Zip Code:	
Description of Duties:	I			1	

3. FORMAL TRAINING

Does the applicant have formal training as an athlete agent?	YES NO
If yes, when was the formal training obtained? From://	_ To://
Name of Training Facility:	_ Location:
Provide a description of the formal training:	

4. PRACTICAL EXPERIENCE

Does the applicant have practical experience as an athlete agent?		□ YES	NO
If yes, when was the practical experience obtained? From:/	/ To:/	_/	
Name of Business:	Location:		
Provide a description of the practical experience:			

5. EDUCATIONAL BACKGROUND

Does the applicant have any educational background related to activities	as an athlete agent? YES NO
If yes, when was the educational background obtained? From:/	/ To://
Name of Educational Facility:	Location:
Provide a description of the educational background:	

6. REFERENCES

List the names and addresses of 3 individuals not related to the applicant who are willing to serve as references.				
Name:				
Address:				
Name:				
Address:				
Name:				
Address:				

7. PRIOR CLIENTS

Has the applicant acted as an athlete agent during the five years preceding the submission YES NO date of this application?						
If yes, provide the name, sport and team for each individual for whom you acted as an athlete agent during the five years prior to this application. (Attach additional sheets if necessary)						
Athlete Name	Sport	Last Known Team				

8. APPLICANT'S PRINCIPAL PLACE OF BUSINESS

Name of Principal Place of Business or E	mployer:				
Address:					
City:	State:	Zip Code:	Phone Number:		
Business Structure of Principal Place of E (Check one and submit the required attac		🔲 Individua	al 🗌 Partnership		Corporation
If a corporation, list on a separate sheet the name(s) and address(es) of all officers, directors, and any shareholders of the corporation having an interest of five percent or greater.					
If not a corporation, list on a separate sheet the name(s) and address(es) of the partners, members, officers, managers, associates, or profit-sharers of the business.					

ALL APPLICANTS MUST ANSWER THE FOLLOWING QUESTIONS.

For Individual Applicants, answer VES if the Applicant has every						
For Individual Applicants, answer YES if the Applicant has ever:						
For Applicants who are employed by a Corporation, answer YES if the applicant or any of the Corporation's officers, directors, or any shareholders having an interest of five percent or greater has ever:						
For Applicants who are employed by an entity other than a corporation, answer YES if the partners, members, officers, managers, associates, or profit-sharers of the business have			or any c	of the		
 Been convicted of a crime that, if committed in the state, would be a crime involving moral turpitude or a felony, and identify the crime. (If so, explain giving exact dates, places, parties involved, and full details on a separate sheet.) 		YES		NO		
 Been the subject of any administrative or judicial determination that the applicant or any person named in item (8) has made a false, misleading, deceptive, or fraudulent representation. (If so, explain giving exact dates, places, parties involved, and full details on a separate sheet.) 		YES		NO		
 Engaged in conduct that resulted in the imposition of a sanction, suspension, or YES NO declaration of ineligibility to participate in an interscholastic or intercollegiate athletic event on a student-athlete or educational institution. (If so, explain giving exact dates, places, parties involved, and full details on a separate sheet.) 						
 Been the subject of any sanction, suspension, or disciplinary action taken against the YES NO applicant or any person named in item (8) arising out of occupational or professional conduct. (If so, explain giving exact dates, places, parties involved, and full details on a separate sheet.) 						
 5. Had any denial of an application for, suspension or revocation of, or refusal to renew, YES NO the registration or licensure of the applicant or any person named in item (8) as an athlete agent in any state. (If so, explain giving exact dates, places, parties involved, and full details on a separate sheet.) 						
AFFIDAVIT						
STATE OF)) ss. COUNTY OF)						
I,,being first duly sworn and under penalty of perjury, affirm and say the foregoing information provided on this Nebraska Application for Registration of Athlete Agent is complete, true and correct.						
Signature of Applicant						
Subscribed and sworn to before me thisday of						
Signature of Notary Officer						
My Commission expires						