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***Professional Service Provider  
Registration Application***

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**GENERAL INFORMATION**

Name: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Business phone: \_\_\_\_\_ Website: \_\_\_\_\_

Email address: \_\_\_\_\_

If you are affiliated with a law firm, agency, or company, provide the name:

\_\_\_\_\_

Business address:

\_\_\_\_\_

Street City State Zip

**SERVICES PROVIDED**

Please select the services you will provide (select all that apply):

- Agent (athletics)
- NIL marketing (brand management)
- NIL representation
- Legal
- Financial
- Other (please describe) \_\_\_\_\_

Please select the services *your company* provides (select all that apply):

- Agent (athletics)
- NIL marketing (brand management)
- NIL representation
- Legal
- Financial
- Other (please describe) \_\_\_\_\_

If you selected Agent, please provide the following information:

- Number of years as an agent: \_\_\_\_\_
- Sports in which you currently represent athletes:

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If you selected Financial Advisor, please describe the specific financial services you will provide:  
[TEXT BOX]

**PROFESSIONAL LICENSES AND OTHER BACKGROUND INFORMATION**

If admitted to any state bar, please list the state and expiration dates:

State: \_\_\_\_\_ Expiration date: \_\_\_\_\_

State: \_\_\_\_\_ Expiration date: \_\_\_\_\_

State: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Other occupational or professional licenses (including additional state bar licenses if applicable):

License: \_\_\_\_\_ State: \_\_\_\_\_ Expiration date: \_\_\_\_\_

License: \_\_\_\_\_ State: \_\_\_\_\_ Expiration date: \_\_\_\_\_

License: \_\_\_\_\_ State: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Current players association affiliations:

*For each certification/license identify the type, if applicable, list the expiration date, and attach a copy of your current certification/license.*

Association (e.g., NFLPA)	Type (e.g., provisional, permanent, general, limited)	Expiration Date

Have you ever been suspended or disciplined by any players association, sports league, state regulatory body, professional sports counseling panel, bar association, or other federal, state, or local entity responsible for agent, attorney, or other professional licensure?  Yes  No

*If you answered yes, please describe below. Use additional sheets if necessary:*

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Have you ever been convicted of a crime other than minor traffic violations?  Yes  No  
*If yes, please describe. Use additional sheets if necessary:*

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Have you ever been a defendant in a civil proceeding, including bankruptcy, or involving allegations of fraud, misrepresentation, embezzlement, misappropriations of funds, conversion, breach of fiduciary duty, forgery, or legal malpractice?  Yes  No  
*If yes, please describe. Use additional sheets if necessary:*

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**ASSOCIATE INFORMATION**

If you have any employees and/or business associates (e.g., runners, marketing associates, sports psychologists, trainers) with whom you or your company work, list them below?

*You may list other agents who assist you here, but these agents will need to register with ASU before they contact or otherwise participate in recruiting ASU student-athletes. Use additional sheets if necessary.*

Name: _____	Services provided: _____
Name: _____	Services provided: _____
Name: _____	Services provided: _____
Name: _____	Services provided: _____
Name: _____	Services provided: _____
Name: _____	Services provided: _____
Name: _____	Services provided: _____
Name: _____	Services provided: _____
Name: _____	Services provided: _____

**SIGNATURE**

By signing below, I affirm that the above information is true and accurate to the best of my knowledge. Furthermore, I affirm that I will notify the Vice President of University Athletics or his designated representative, the ASU Athletics Compliance Office, before my or my office's first contact with (1) a student-athlete who has eligibility remaining in any sport and is enrolled at ASU or (2) the student-athlete's family or friends. I affirm that I have read and understand the NCAA agent legislation and Arizona State University's Athlete Agent Policy and Process. Lastly, I affirm that have not engaged and will not engage in any activities that would violate the regulations referred to herein or otherwise jeopardize a student athlete's eligibility. I understand that failure

to comply with the terms of this certification, any applicable ASU agent policies, NCAA legislation, or State of Arizona law may result in the revocation of my agent registration with ASU, as well as the initiation of legal proceedings by ASU against me.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit this form by email to: [Matthew.Epstein@asu.edu](mailto:Matthew.Epstein@asu.edu)

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**Arizona State University Approval**

Starting date: \_\_\_\_\_ Ending date: \_\_\_\_\_

Compliance Office approval: \_\_\_\_\_ Date: \_\_\_\_\_