



***Professional Service Provider
Registration Application***

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
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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:

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:

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

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:

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: Madison.Cindric@asu.edu

Arizona State University Approval

Starting date: _____ Ending date: _____

Compliance Office approval: _____ Date: _____