



## Athlete Agent Application

*Please take the time to read the instructions in this package carefully before beginning the application form. Incomplete forms will be returned, delaying licensure. Any omission, inaccuracy or failure to make full disclosure in an application may be deemed sufficient reason to deny a registration or could result in the suspension or revocation, if one is issued.*

### What is in this package?

This package includes everything you need to apply to the Department of State for a certificate of registration as an athlete agent in New York State.

A completed application will include the completely filled out and signed 4-page application; the \$100 application fee for the individual applicant, Attachments A, B, and any other requested documentation.

### What is an Athlete Agent?

New York State law (Article 39-E of the General Business Law) defines an athlete agent as any person who enters into an agency contract with a student-athlete or, directly or indirectly, recruits or solicits a student-athlete to enter into an agency contract.

### Who is excluded from this law?

Explicitly excluded from registration are spouses, parents, siblings, grandparents or guardians of the student-athlete, or individuals acting solely on behalf of a professional sports team or professional sports organization.

### What is the application fee and term of registration?

The nonrefundable application fee for an athlete agent registration is \$100; the registration will be effective for two years.

### What forms of payment do you accept?

You may pay by check or money order made payable to the Department of State or charge any fee to MasterCard or Visa, using a credit card authorization form. Do not send cash. **Application fees are nonrefundable.** A \$20 fee will be charged for any check returned by your bank.

### Child Support Statement

A Child Support Statement is mandatory in New York State (General Obligations Law) regardless of whether or not you have children or any support obligation. **Any person who is four months or more in**

**arrears in child support may be subject to having his or her business, professional and driver's licenses suspended.** The intentional submission of a false written statement for the purpose of frustrating or defeating the lawful enforcement of support obligations is punishable under §175.35 of the Penal Law. It is a class E felony to offer a false instrument for filing with a state or local government with the intent to defraud.

### PRIVACY NOTIFICATION

#### **Do I need to provide my Social Security and Federal ID numbers on the application?**

Yes, if you have a social security number or Federal ID number, you are required to provide this number. If you do not have a social security number or Federal ID number, please provide a written explanation.

The Department of State is required to collect the federal Social Security and Employer Identification numbers of all licensees. The authority to request and maintain such personal information is found in §5 of the Tax Law and §3-503 of the General Obligations Law. Disclosure by you is mandatory. The information is collected to enable the Department of Taxation and Finance to identify individuals, businesses and others who have been delinquent in filing tax returns or may have underestimated their tax liabilities and to generally identify persons affected by the taxes administered by the Commissioner of Taxation and Finance. It will be used for tax administration purposes and any other purpose authorized by the Tax Law and may also be used by child support enforcement agencies or their authorized representatives of this or other states established pursuant to Title IV-D of the Social Security Act, to establish, modify or enforce an order of support, but will not be available to the public. A written explanation is required where no number is provided. This information will be maintained in the Licensing Information System by the Director of Administration and Management, at One Commerce Plaza, 99 Washington Avenue, Albany, NY 12231-0001.

***It is important that you notify this office of any changes to your business address so you can receive renewal notices and any other notifications pertinent to your registration.***

### **WOULD YOU LIKE TO REGISTER TO VOTE?**

Please visit the NY State Board of Elections at [www.elections.ny.gov/votingregister.html](http://www.elections.ny.gov/votingregister.html) or call **1-800-FOR-VOTE** to request a NYS Voter Registration form.

To register online, please visit [www.ny.gov/services/register-vote](http://www.ny.gov/services/register-vote).



# Division of Licensing Services

New York State  
**Department of State**  
**Division of Licensing Services**  
P.O. Box 22001  
Albany, NY 12201-2001  
Customer Service: (518) 474-4429  
www.dos.ny.gov

## Athletic Agent Application

**You must answer each question and PRINT responses in black or blue ink.**

**Fee Due: \$100**

APPLICANT'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX (E.G., SR/JR/III)

HOME ADDRESS - NUMBER AND STREET (P.O. BOX MAY BE ADDED TO ENSURE DELIVERY)

APT/UNIT/PO BOX

CITY

STATE

ZIP+4

COUNTY

NAME OF BUSINESS OR EMPLOYER

PRINCIPAL PLACE OF BUSINESS - STREET ADDRESS (REQUIRED - P.O. BOX MAY BE ADDED TO ENSURE DELIVERY)

APT/UNIT/PO BOX

CITY

STATE

ZIP+4

COUNTY

DAYTIME PHONE (INCLUDING AREA CODE)

FAX NUMBER - IF ANY (INCLUDING AREA CODE)

E-MAIL ADDRESS (IF ANY)

DATE OF BIRTH

SOCIAL SECURITY NUMBER OR FEDERAL TAXPAYER ID (SEE INSTRUCTIONS -PRIVACY NOTIFICATION)

### A. BACKGROUND QUESTIONS

**Answer the following questions by checking either "YES" or "NO"**

**YES or NO**

1. Has there been an administrative or judicial determination that you have made a false, misleading, deceptive or fraudulent representation? .....

\_\_\_\_\_

→ IF "YES," you must submit all relevant documents, including the agency determination, if any.

2. Has there ever been an instance in which your conduct resulted in the imposition of a sanction, suspension or declaration of ineligibility to participate in an interscholastic or intercollegiate athletic event on a student-athlete or educational institution? .....

\_\_\_\_\_

→ IF "YES," you must submit all relevant documents, including the agency determination, if any.

3. Has there ever been any sanction, suspension or disciplinary action taken against you by a governmental or quasi-governmental licensing entity or adjudicatory process arising out of occupational or professional conduct? .....

\_\_\_\_\_

→ IF "YES," you must submit all relevant documents, including the agency determination, if any.

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- |   | YES   | or | NO    |
|---|-------|----|-------|
| 4. Has there ever been any denial of an application for, suspension or revocation of, or refusal to renew the registration or Licensure of the applicant or any person named pursuant to athletic program for females, as appropriate? .....  | _____ |    | _____ |
| → IF "YES," you must submit all relevant documents, including the agency determination, if any.   |       |    |       |
| 5. Have you ever been convicted in this state or elsewhere of a crime or offense that is a misdemeanor or a felony? .....   | _____ |    | _____ |
| → IF "YES," you must submit with this application a written explanation giving the place, court jurisdiction, nature of the offense, sentence and/or other disposition. You must submit a copy of the accusatory instrument (e.g., indictment, criminal information or complaint) and a Certificate of Disposition. If you possess or have received a Certificate of Relief from Disabilities, Certificate of Good conduct or Executive Pardon, you must submit a copy with this application. |       |    |       |
| 6. Are there any criminal charges (misdemeanors or felonies) pending against you in any court in this state or elsewhere? .   | _____ |    | _____ |
| → IF "YES," you must submit a copy of the accusatory instrument (e.g., indictment, criminal information or complaint).  |       |    |       |
| 7. Has any license, permit commission, registration or application for a license, permit, commission, or registration held by you or a company in which you are or were a principal or employee in New York State or elsewhere ever been revoked, suspended or denied by an state, territory or governmental jurisdiction or foreign country for any reason? .....  | _____ |    | _____ |
| → IF "YES," you must submit all relevant documents, including the agency determination, if any.   |       |    |       |

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## B. ADDITIONAL INFORMATION. MUST BE COMPLETED ON ATTACHMENTS

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- | Answer the following questions by checking either "YES or "NO"  | YES   | or | NO    |
|---|-------|----|-------|
| 1. Have you provided the names, addresses, and phone numbers of three individuals not related to you who are willing to serve as references? (See Section C, References) .....  | _____ |    | _____ |
| 2. Have you listed all businesses or occupations engaged in for the five years immediately preceding the submission of this application? (See Attachment A, I) .....  | _____ |    | _____ |
| 3. Have you listed all formal, practical experience and educational background relating to your professional activities as an athletic agent? (See Attachment A, II) If none, so state. ....  | _____ |    | _____ |
| 4. Have you listed all financially interested parties? (See Attachment A, III) .....  | _____ |    | _____ |
| 5. Have you listed the name, sport and last known team for each individual for whom you acted as an athletic agent during the 5 years next preceding the date of submission of this application? (See Attachment B) If none, so state. .... | _____ |    | _____ |

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## C. REFERENCES

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Please provide the name, address, and phone number of three individuals not related to you who are willing to serve as references.

1. Name of Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone Number: \_\_\_\_\_
2. Name of Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone Number: \_\_\_\_\_
3. Name of Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone Number: \_\_\_\_\_

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## D. CHILD SUPPORT STATEMENT

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By signing this application, I certify that as of the date of this application, I am not under an obligation to pay child support OR if I am under an obligation to pay child support, I am not four or more months in arrears in the payment of child support, or I am making payments by income execution or by court agreed payment or repayment plan or by plan agreed to by the parties or my child support obligation is the subject of a pending court proceeding, or I am receiving public assistance or supplemental security income.

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## E. APPLICANT AFFIRMATION (ALL APPLICANTS)

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I affirm, under the penalties of perjury, that ALL statements made in this application, including attachments are true and correct. I further affirm that I have read and understand the provisions of Article 39-E of the General Business Law.

X \_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date Signed*

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

# A

## ***Athlete Agent Application***

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- I. List all businesses or occupations engaged in for the five years immediately preceding the submission of this application:**  
**PRINT** or **TYPE** responses. You may photocopy this sheet as many times as needed.

Business or Occupation:

Dates

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Business or Occupation:

Dates

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Business or Occupation:

Dates

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- II. List all formal training, practical experience, and educational background relating to your professional activities as an athlete agent:**

If **NONE**, please check this box

**PRINT** or **TYPE** responses. You may photocopy this sheet as many times as needed.

(1) Formal training as an athlete agent:

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(2) Practical experience as an athlete agent:

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(3) Educational background relating to the applicant's activities as an athlete agent:

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# Athlete Agent Application

**IMPORTANT: All persons that meet the criteria described in Section III Financially interested parties, MUST complete this page. This page can be copied as many times as need. PRINT or TYPE responses.**

**III. Financially interested parties:** All persons: (i) with respect to the athlete agent’s business if it is not a corporation, the partners, members, officers, managers, associates or profit-sharers having an interest of 5% or greater of the business; and (ii) with respect to a corporation employing the athlete agent, the officers, directors and any shareholders of the corporation having an interest of 5% or greater, must provide their name, title, address, and phone number, then answer all of the questions below:

Name of person: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone number: \_\_\_\_\_

**Answer the following questions by checking either "YES" or "NO"**

	YES	or	NO
1. Has there been an administrative or judicial determination that you have made a false, misleading, deceptive or fraudulent representation?..... <b>→IF “YES,”</b> you must submit all relevant documents, including the agency determination, if any.	_____		_____
2. Has there ever been an instance in which your conduct resulted in the imposition of a sanction, suspension or declaration of ineligibility to participate in an interscholastic or intercollegiate athletic event on a student-athlete or educational institution?..... <b>→IF “YES,”</b> you must submit all relevant documents, including the agency determination, if any.	_____		_____
3. Has there ever been any denial of an application for, suspension or revocation of, or refusal to renew the registration or licensure of the applicant or any person named pursuant to athletic program for females, as appropriate? ..... <b>→IF “YES,”</b> you must submit all relevant documents, including the agency determination, if any.	_____		_____
4. Have you ever been convicted in this state or elsewhere of a crime or offense that is a misdemeanor or a felony? <b>→IF “YES,”</b> submit with this application a written explanation giving the place, court jurisdiction, nature of the offense, sentence and/or other disposition. You must submit a copy of the accusatory instrument (e.g., indictment, criminal information or complaint) and a Certificate of Disposition. If you possess or have received a Certificate of Relief from Disabilities, Certificate of Good Conduct or Executive Pardon, you must submit a copy with this application.	_____		_____
5. Are there any criminal charges (misdemeanors or felonies) pending against you in any court in this state or elsewhere? ..... <b>→IF “YES,”</b> you must submit a copy of the accusatory instrument (e.g., indictment, criminal information or complaint).	_____		_____
6. Has any license, permit, commission, registration or application for a license, permit, commission, or registration held by you or a company in which you are or were a principal or employee in New York State or elsewhere ever been revoked, suspended or denied by any state, territory or governmental jurisdiction or foreign country for any reason?..... <b>→IF “YES,”</b> you must submit all relevant documents, including the agency determination, if any.	_____		_____

**AFFIRMATION (ALL FINANCIALLY INTERESTED PARTIES)**

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I affirm, under the penalties of perjury, that ALL answers provided in Attachment A are true and correct. I further affirm that I have read and understand the provisions of Article 39-E of the General Business Law.

X \_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date Signed*

*Print Name:* \_\_\_\_\_

# B

## ***Athlete Agent Application***

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**PRINT or TYPE** responses. You may photocopy this sheet as many times as needed.

If **NONE**, please check this box

List the name, sport, and last known high school, college, or professional team for each individual for whom you acted as an athlete agent during the 5 years preceding the date of submission of this application:

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

Sport: \_\_\_\_\_

Team: \_\_\_\_\_

# Become an Organ and Tissue Donor

Organ donors save lives. If you would like to be an organ and tissue donor upon your death, you may enroll in the NYS Donate Life Registry online at [www.donatelife.ny.gov/register](http://www.donatelife.ny.gov/register) or complete the form below. Completed forms should be sent to the NYS Donate Life Registry by email – [Registry@donatelife.ny.gov](mailto:Registry@donatelife.ny.gov) or, mail - NYS Donate Life Registry, 185 Jordon Road, Troy, NY 12180.

Fields with an asterisk (\*) are required for enrollment. Upon receipt of your completed enrollment form, you will be sent an email or letter confirming your enrollment and providing you with information on how to limit your donation. I understand that by opting out of enrolling in the NYS Donate Life Registry, or skipping this question, will not impact or impair my ability to obtain services from the New York Department of State, Division of Licensing Services.



\*Last name \_\_\_\_\_

\*First name \_\_\_\_\_

Middle Initial \_\_\_\_\_ Suffix \_\_\_\_\_

\*Address \_\_\_\_\_

\*Apt. Number \_\_\_\_\_ \*Zip Code \_\_\_\_\_

\*City \_\_\_\_\_

\*Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ \*Gender  M  F  
MM DD YYYY

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

DMV or IDNYC Number \_\_\_\_\_

By signing below, you certify that you are:

- 16 years of age or older;
- Consenting to donate your organs and tissues for transplantation and/or research in the event of your death;
- Authorizing the New York Department of State, Division of Licensing Services to transfer your name and identifying information to the NYS Donate Life Registry for enrollment;
- and
- Authorizing the Registry to give access to this information to federally regulated organ procurement organizations and NYS-licensed tissue and eye banks and others approved by the NYS Commissioner of Health in the event of your death.

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\*Sign

\*Date