

AGENT & ADVISOR INITIAL REGISTRATION FORM

The completion of this form is required for initial registration in the Louisiana State University Player-Agent Program. Agents and/or advisors who have already registered with LSU must still submit an updated Registration Renewal Form on an annual basis in order to remain active in the LSU Player-Agent Program.

1. Registration Status *(check all that apply)*

- Athletic Agent Financial Planner

2. General Information *(agencies with multiple applicants should complete a form for each person applying)*

Applicant's Name		Date of Birth	
Name of Firm/Agency <i>(if affiliated)</i>		Firm/Agency Website	
Business Phone	Cell Phone	Fax Number	E-mail Address
Business Street Address	City	State	Zip Code

3. Louisiana Athletic Agent Registration *(a copy of your Louisiana agent registration must be submitted with this registration form)*

What is your state registration status? _____

Please list all current and pending registration information for other states in the space provided below:

State: _____	Status: _____	Effective Date: _____	Expiration Date: _____
State: _____	Status: _____	Effective Date: _____	Expiration Date: _____
State: _____	Status: _____	Effective Date: _____	Expiration Date: _____
State: _____	Status: _____	Effective Date: _____	Expiration Date: _____
State: _____	Status: _____	Effective Date: _____	Expiration Date: _____

Have you ever been disciplined or cited for a violation of a statute regulating athlete agents in any state? Yes No

If yes, please provide the following information:

Nature of the complaint or charge _____ Date of the alleged violation _____

Result or status of the investigation (including action taken and the authority imposing the action)

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4. Players' Association Registrations/Certifications *(check all that apply and enter effective and expiration dates)*

<input type="radio"/> Major League Baseball Players' Association (MLBPA)	Effective Date: _____	Expiration Date: _____
<input type="radio"/> National Basketball Players' Association (NBPA)	Effective Date: _____	Expiration Date: _____
<input type="radio"/> National Football League Players' Association (NFLPA)	Effective Date: _____	Expiration Date: _____
<input type="radio"/> Other: _____	Effective Date: _____	Expiration Date: _____
<input type="radio"/> Other: _____	Effective Date: _____	Expiration Date: _____

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

If yes, please provide the following information:

Nature of the complaint or charge	Date of the alleged violation
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Result or status of the investigation (including action taken and the authority imposing the action)

Do you have business associates (e.g., runners, marketing associates, etc.) that work with you or your company? Yes No

If yes, please identify all associates in the space provided below:

Name: _____	Service(s) Provided: _____
Name: _____	Service(s) Provided: _____
Name: _____	Service(s) Provided: _____

5. Business Services Offered *(check all services that you or your company offer)*

Contract Negotiation
 Estate Planning
 Financial Planning
 Tax Planning
 Insurance Planning
 Investment Counseling
 Grievance - Arbitration
 Insurance Coverage
 Appearance/Endorsement

Do you offer separate contracts for each service? Yes No

Do you manage your clients' funds? Yes No

If yes, please explain:

Are you bonded? Yes No

If yes, please provide the following information:

Bond Amount: _____ Company Name: _____

Bond Company Address: _____

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Business Services Offered (CONTINUED)

Are you currently registered under the Investment Advisor's Act? Yes No

Do you refer players to others for services (e.g., financial planning, disability insurance, etc.)? Yes No

If yes, please provide the following information:

Firm Name: _____ Phone Number: _____ Service: _____

Firm Name: _____ Phone Number: _____ Service: _____

Do you receive a fee for referrals? Yes No

If yes, please explain the basis for such fees: _____

Do you have an ownership interest; wholly or partially finance; or directly or indirectly exercise control of any firm or organization that provides services for players upon your referral? Yes No

If yes, please provide the following information:

Firm Name: _____ Phone Number: _____ Service: _____

Explain your fee structure, including expenses billed to your clients above and beyond your standard percentage:

6. Compliance Background

Have you been involved in or investigated for allegedly participating in actions that violated NCAA, Conference, university, college, players' association, league, team, or federal rules? Yes No

Have you ever been convicted or plead guilty to a criminal charge other than minor traffic violations? Yes No

Have you been a defendant in civil proceedings including bankruptcy, involving allegations of fraud, misrepresentation, embezzlement, misappropriation of funds, breach of fiduciary duty, forgery, or legal malpractice? Yes No

Have you been adjudicated insane or legally incompetent by any court? Yes No

Have you been suspended or expelled from any college, university, law school or graduate school? Yes No

Have you had unsatisfied judgments or continuing effect against you other than alimony or child support? Yes No

Have you had any surety or bond against you in which someone has been required to pay money on your behalf? Yes No

Have you been declared bankrupt or been an owner or part-owner of a business which was declared bankrupt? Yes No

If you answered "YES" to any of the above questions, attach information detailing dates, results, status and involved authority.

7. Professional Background

Please list any memberships you have in business or professional organizations that directly relate to your occupation or profession:

If you have ever been disciplined by a professional organization, please provide the action taken, dates and the involved authority:

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8. Employment History *(include information for the past five years)*

Current Employer		Current Job Title/Position
Date of Initial Employment	Current Supervisor Name	Supervisor Phone Number
Past Employer		Job Title/Position
Dates of Employment	Supervisor Name	Supervisor Phone Number
Past Employer		Job Title/Position
Dates of Employment	Supervisor Name	Supervisor Phone Number

9. Education

School	City/State	Degree:
	Major(s)	Date Received
School	City/State	Degree:
	Major(s)	Date Received
School	City/State	Degree:
	Major(s)	Date Received

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10. Student-Athlete Interests

Please indicate which current LSU student-athletes you are interested in or plan to contact this academic year.

Student-Athlete's Name

Student-Athlete's Name

Student-Athlete's Name

Student-Athlete's Name

Student-Athlete's Name

Student-Athlete's Name

Student-Athlete's Name

Student-Athlete's Name

Student-Athlete's Name

Student-Athlete's Name

11. Certification

By signing below, I certify that the information contained herein is true and correct to the best of my knowledge. I agree to notify the Compliance Office before my first contact with any student-athlete who has eligibility remaining in any sport and is enrolled at LSU, or before my first contact with any student-athlete's family. I will not engage in any activity prior to a student-athlete's agreement to be represented that would otherwise jeopardize the student-athlete's eligibility.

I agree to abide by all NCAA rules and LSU regulations, and I understand that failure to comply with the terms of this certification and the applicable NCAA legislation may result in the initiation of legal proceedings by LSU against me and the assessment of civil and/or criminal penalties.

Applicant Signature

Date

Submit this application to the LSU Compliance Office by faxing to 225-578-2430.

If you prefer to mail the application, press the "Print Form" button below, sign this page and send to:

**LSU Athletics Administration Building
Attn: Compliance Office
Baton Rouge, LA 70803**

****Please include a copy of your registration if you are currently registered with the State of Louisiana****