

## AGENT & ADVISOR RENEWAL 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)

- Major League Baseball Players' Association (MLBPA)      Effective Date: \_\_\_\_\_      Expiration Date: \_\_\_\_\_
- National Basketball Players' Association (NBPA)      Effective Date: \_\_\_\_\_      Expiration Date: \_\_\_\_\_
- National Football League Players' Association (NFLPA)      Effective Date: \_\_\_\_\_      Expiration Date: \_\_\_\_\_
- Other: \_\_\_\_\_      Effective Date: \_\_\_\_\_      Expiration Date: \_\_\_\_\_
- 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

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: \_\_\_\_\_

***\*CONTINUE TO THE NEXT PAGE\****

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**\*COMPLETE THIS PAGE ONLY IF ANY OF THE BUSINESS SERVICES THAT YOU OFFER HAVE CHANGED SINCE YOUR INITIAL REGISTRATION/LAST RENEWAL WITH LSU\***

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

- Contact 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: \_\_\_\_\_

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:

\_\_\_\_\_

**\*CONTINUE TO THE NEXT PAGE TO COMPLETE YOUR RENEWAL APPLICATION\***

# LSU COMPLIANCE

## AGENT & ADVISOR RENEWAL FORM

### **6. 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

### **7. 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
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**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\***