

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-3537

Athlete Agent Registration Form

Please **Type** or **Print Clearly** in Ink

Make Payment Payable to **SECRETARY OF STATE**

FILE DATE _____

RECEIPT NO _____

Please check the applicable filing status.

- Initial Application **\$100** Fee
- Application based on certification in another state per §59-10-5(b): **\$50** Fee
- Application for Renewal **\$25** Fee

1. Name: _____

Daytime Phone

Email Address

2. The address for the applicant's principal place of business:

Street Address

City

State

ZIP

Mailing Address (Optional)

City

State

ZIP

3. The name of the applicant's business or employer: _____

4. List any business or occupation engaged in by the applicant for the five years next preceding the date of the application:

5. Provide a brief description of your training as an athlete agent:

6. Provide a brief description of your practical experience as an athlete agent:

7. Provide a brief description of your educational background related to being an athlete agent:

8. Provide names and addresses of three references not related to the applicant:

Name

Address

City

State

ZIP

Name

Address

City

State

ZIP

Name

Address

City

State

ZIP

9. For whom have you served as an athlete agent in the past 5 (five) years:

Name	Sport	Last Known Team
Name	Sport	Last Known Team
Name	Sport	Last Known Team
Name	Sport	Last Known Team

10. If the applicant's business is not a corporation, list the names and addresses of the partners, members, officers, managers, or profit-sharers of the business:

Name	Address	City	State	ZIP
Name	Address	City	State	ZIP

11. If the business employing the applicant is a corporation, list the names and addresses of the officers, directors, and any shareholder of the corporation having a five percent interest or greater.

Name	Address	City	State	ZIP
Name	Address	City	State	ZIP

12. Have you or anyone listed in questions 10 or 11 been convicted of a crime, that in South Dakota, would be considered a crime of moral turpitude or a felony? Yes No

If yes please identify the crime: _____

13. Have you or anyone listed in questions 10 or 11 been administratively or judicially determined to have made false, misleading, deceptive or fraudulent representations? Yes No

14. Has your conduct or that of anyone listed in questions 10 or 11 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? Yes No

15. Have you or anyone listed in questions 10 or 11 had any sanction, suspension or disciplinary action taken against you / them because of occupational or professional conduct? Yes No

16. Have you or anyone listed in questions 10 or 11 ever been denied an application for, suspension or revocation of, or refusal to renew the athlete agents registration of licensure? Yes No

Attach additional pages as needed when there is insufficient room to fully complete a question.

I declare under penalty of perjury, under the laws of the State of South Dakota, that all statements contained in this application and any accompanying documents are true and correct.

Dated _____

(Signature of Applicant)

(Printed Name)