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

Name

Athlete Agent Registration Form

Please Type or Print Clearly in Ink

Make Payment Payable to SECRETARY OF STATE

Please check the applicable filing status.

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

RECEIVED #100.	8
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_ Application for Renev	val \$25 Fee				
1. Name: Chase Mos	S				
404-698-7160	chasemoss8@gmail.	com			
Daytime Phone	Email Address				
2. The address for the ap	plicant's principal place of busine	ess:			
125 N Riverside D		Hillsboro Beach	FL	33	062
Street Address		City	State	Z	IP
Mailing Address (Optional)		City	State	z	IP
3. The name of the applic	ant's business or employer:	NDIVIDUAL AGENT			
application:	cupation engaged in by the appl	icant for the five years ne	ext preceding the d	ate of th	ie
First Class Prospe	cts Athlete Recruitment				
Stetson University	ion of your training as an athlete Business Administration versity Sports Managemen	*			
	ion of your practical experience	10.50			
Professionally Cert	ified as an Agent by the Ca	anadian Football Lea	gue (CFLPA)		
Pro and College (N	IL) Contract Negotiations	Athlete Recruitment	and Marketing		
v 00 = 33.4	ion of your educational backgro		thlete agent:		
	to ever receive a profession		ge 20 - CFLPA	Licens	e)
Provide names and ad-	dresses of three references not	related to the applicant			-
Darren J Wilson M	200 M M M M M M M M M M M M M M M M M M	0 " 000	of Prussia	PA	19406
Name	Address	City		State	ZIP
Sean Brown	1307 Charleston Pl	ace Duny	voody	GA	30338
Name	Address	City		State	ZIP
Daniel Fondong	91 Chandler CT	Hock	sien	DE	19707

City

State

ZIP

Address

9. For whom have you served	as an athlete agent in the past 5 (fi	ive) years:			
William Stanback	Football	Ottawa Redblacks			
Name	Sport	Last Known Team			
Les Maruo	Football	Edmonton Elks			
Name	Sport	Last Known Team			
BJ Emmons	Football				
Name	Sport	Calgary Stampeders Last Known Team			
Charles Wiley	Football				
Name	Sport	Calgary Stampeders Last Known Team			
If the applicant's business is managers, or profit-sharers N/A Name	is not a corporation, list the names s of the business:	and addresses of the partners, men	State	officer	
· 155 · 155	nutros.	City	State	211	
Name	Address	City	State	ZII	0
	Address		Clare	2.0	
 If the business employing the any shareholder of the corp. N/A 	he applicant is a corporation, list the poration having a five percent intere	e names and addresses of the office est or greater.	ers, dire	ectors	, and
Name	Address	City	State	ZIF	D
Name	Address	City	State	ZIF	3
 Have you or anyone listed i would be considered a crim If yes please identify the cri 	ne of moral turpitude or a felony?	ed of a crime, that in South Dakota,	-	Yes	X No
 Have you or anyone listed i have made false, misleadin 	in questions 10 or 11 been adminis ig, deceptive or fraudulent represer	tratively or judicially determined to ntations?	=	Yes	X No
sanction, suspension, or de	anyone listed in questions 10 or 1 eclaration of ineligibility to participate ton a student athlete or education	e in an interscholastic or	:	Yes	X No
 Have you or anyone listed i taken against you / them be 	n questions 10 or 11 had any sanc ecause of occupational or profession	tion, suspension or disciplinary actional conduct?	n _	Yes	X No
 Have you or anyone listed is revocation of, or refusal to r 	n questions 10 or 11 ever been der renew the athlete agents registration	nied an application for, suspension on of licensure?	or _	Yes	X No
Attach additional pages as need	ded when there is insufficient room	to fully complete a question.			
I declare under penalty of perjui application and any accompany	ry, under the laws of the State of So ring documents are true and correct	outh Dakota, that all statements con t.	tained	in this	e e e e e e e e e e e e e e e e e e e
Dated 5 March 2025		gnature of Applicant)			
		Chase Moss			
		inted Name)			



CHASE MOSS 125 N RIVERSIDE DRIVE HILLSBORO BEACH, FL 33062

RECEIPT INFORMATION

Receipt #:

002611355

Receipt Date: 03/11/2025

DO NOT PAY! This is not a bill.

Description of Charges	Reference	Quantity	Unit Price	Total
Athlete Agent Initial Registration		1	\$100.00	\$100.00

TOTAL CHARGES PAID

\$100.00

Description of Payment	Reference	Amount
Payment-Check/MO	19-680835808	\$100.00

TOTAL PAYMENT

\$100.00



March 25, 2025

Chase Moss 125 N. Riverside Drive Hillsboro Beach FL 33062 RECEIVED

APR 0 3 2025

SD Secretary of State

Filed this _____ day of

Attached is your South Dakota Athlete Agent certificate.

This certificate may not be transferred or used by any other person or business entity other than the person or business entity to whom the certificate was issued.

SECRETARY OF STATE

Services are subject to sales tax in South Dakota. If you are providing your service in South Dakota, you need to apply for a SD Sales Tax license. Please visit the South Dakota Department of Revenue website at dor.sd.gov.

State of South Dakota Department of Labor and Regulation

Chase Moss

125 N. Riverside Drive Hillsboro Beach FL 33062

Has been registered by the SD Department of Labor and Regulation as an

ATHLETE AGENT

Effective: 03/25/2025

EXPIRATION: 03/24/2027

Marcia Hultman, Secretary of Labor & Regulation

M. Hultma

This certificate is non-transferable to any other person or enfity other than to whom the certificate was issued.

Filed this

2rd

day of

April 2025

Monae L. Johnson

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