



STATE OF MINNESOTA
DEPARTMENT OF COMMERCE
 85 – 7th PLACE EAST, SUITE 600
 ST. PAUL, MINNESOTA 55101
 (651) 539-1599

(For Department Use Only)

ATHLETE AGENT REGISTRATION APPLICATION

REGISTRATION NUMBER

DATE PROCESSED

Tennessee Warning Notice

Important information that you should read before completing this form appears on page 4.

A. TYPE OF APPLICATION AND FEE

<input type="checkbox"/> New Registration FEE: \$500 Instructions: Complete, sign and submit this application form.	<input type="checkbox"/> Reciprocal Registration FEE: \$500 Instructions: 1. Submit a copy of your license showing that you are currently licensed as an athlete agent in another state 2. Submit a copy of the license application you submitted to obtain the athlete agent license. <ul style="list-style-type: none"> • If your previous application was signed more than 6 months prior to your application for a Minnesota license, you must complete the Minnesota license application form. • If your previous application did not include all the information required in the Minnesota application, you must complete the Minnesota license application form. 3. Sign and submit the certification in the Minnesota application form.
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B. GENERAL INFORMATION

Last Name (please print or type)	First	Middle
Residence Address		
City	State	Zip Code
Date of Birth (mo/day/yr)	Residence Telephone Number ()	Social Security Number

C. APPLICANT'S PRINCIPAL PLACE OF BUSINESS (If you work alone, list your own name and address.)

Name of Principal Place of Business			
Designated Business Address			
City	State	Zip Code	Business Telephone Number ()
E-mail Address for Business Use			
Business Structure of Principal Place of Business (Check one and submit the required attachments): <input type="checkbox"/> Individual Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other (Specify: _____)			
<ul style="list-style-type: none"> • <u>Individual Proprietor</u>: Attach a completed "BCA" form. • <u>Corporation, Partnership, or "Other"</u>: Attach a completed "Disclosure of Owners, Partners, Officers" form, and attach a completed "BCA" form for each individual listed on the "Disclosure of Owners, Partners, Officers" form. 			

D. CREDENTIALS

PRIOR CLIENTS

<p>Has the applicant acted as an athlete agent during the five (5) years prior to this application? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, provide the name, sport and team for each individual for whom you acted as an athlete agent during the 5 years prior to this application (attach additional sheet if necessary):</p> <p>Athlete Name: _____ Sport: _____ Last Known Team _____</p> <p>Athlete Name: _____ Sport: _____ Last Known Team _____</p>

EMPLOYMENT HISTORY

Provide employment history for the five (5) years preceding the date of this application. (Attach additional pages if necessary)

Employer		Position Title	
Address		City	State Zip
Dates of Employment From ____/____/____ To ____/____/____	DESCRIPTION OF DUTIES		

Employer		Position Title	
Address		City	State Zip
Dates of Employment From ____/____/____ To ____/____/____	DESCRIPTION OF DUTIES		

Employer		Position Title	
Address		City	State Zip
Dates of Employment From ____/____/____ To ____/____/____	DESCRIPTION OF DUTIES		

FORMAL TRAINING

Does the applicant have formal training as an athlete agent? Yes No

If yes, when was formal training obtained? From ____/____/____ to ____/____/____

Name of training facility: _____ Location: _____

Provide a description of the formal training:

PRACTICAL EXPERIENCE

Does the applicant have practical experience as an athlete agent? Yes No

If yes, when was practical experience obtained? From ____/____/____ to ____/____/____

At what business was practical experience obtained: _____ Location: _____

Provide a description of the practical experience:

EDUCATIONAL BACKGROUND

Does the applicant have educational background related to activities as an athlete agent? Yes No

If yes, when was educational background obtained? From ____/____/____ to ____/____/____

Name of educational facility: _____ Location: _____

Provide a description of the educational background:

REFERENCES Provide three (3) references. (Do not include the names of any relatives.)

Name: _____	Telephone: (____) _____
Address: _____	City _____ State _____ Zip _____

Name: _____	Telephone: (____) _____
Address: _____	City _____ State _____ Zip _____

Name: _____	Telephone: (____) _____
Address: _____	City _____ State _____ Zip _____

All applicants must answer the following questions.

- For individual Applicants, answer YES if the Applicant has ever:
- For partnership Applicants, answer YES if any of the Applicant's partners have ever:
- For corporate or LLC or other business entity Applicants, answer YES if any of the Applicant's officers, directors, shareholders, LLC governors, managing members or associates have ever:

<p>1. Been convicted of a crime that, if committed in this state, would be a felony or a crime involving moral turpitude? If yes, you must attach:</p> <p>a) a written statement, signed and dated by the convicted individual, explaining the circumstances of each incident, b) a copy of the charging document, c) a copy of the official document which establishes the resolution of the charges or any final judgment, and d) if currently on probation, attach letter from probation officer stating individual's compliance with terms of probation.</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>2. Been the subject of any administrative or judicial determination that the person has made a false, misleading, deceptive, or fraudulent representation? If yes, you must attach:</p> <p>a) a written statement, signed and dated by applicant, explaining the circumstances of each incident, b) a copy of the Notice of Hearing or other document that states the charges and allegations, and c) a copy of the official document which establishes the resolution of the charges or any final judgment.</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>3. Been the subject of any sanction, suspension, or disciplinary action arising out of occupational or professional conduct? If yes, attach written explanation signed and dated by individual, including specific dates, and submit copies of all letters of inquiry and resolution.</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>4. Had a registration or licensure as an athlete agent denied, suspended, revoked, or had renewal refused, in any state? If yes, attach written explanation signed and dated by individual, including specific dates, and submit copies of all letters of inquiry and resolution.</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>5. Engaged in conduct that 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, attach written explanation signed and dated by individual, including specific dates, and submit copies of all letters of inquiry and resolution.</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>

CERTIFICATION

APPOINTMENT OF COMMISSIONER AS ATTORNEY FOR SERVICE OF PROCESS. KNOW ALL PEOPLE BY THESE PRESENTS: That in compliance of the Laws of the State of Minnesota, I, the undersigned applicant, if a nonresident, do hereby appoint the Commissioner of Commerce of the State of Minnesota, his/her successor or successors, as my true and lawful attorney upon whom may be served all legal process in any action or proceeding in which I may be a party arising out of or relating to the transactions of the commission, and do hereby expressly consent and agree that service upon such attorney shall be as valid and binding as if due and personal process has been made upon me and that such appointment shall be irrevocable.

I certify that the statements in this application and attachments are true and complete, and that all information in any reciprocal application submitted with this application is current, true and complete, and that this document has not been altered or changed in any manner from the form adopted by the Department of Commerce.

Signature of Applicant

Date

The applicant must sign and date this form in the presence of a notary public.

STATE OF _____)
) ss.
COUNTY OF _____)

Signed and sworn to (or affirmed) before me this _____ day of _____, 20____, by _____.
(Print Name of Applicant)

Signature of Notarial Officer

County

[Notary Seal]

My Commission Expires: _____

On this application, the Minnesota Department of Commerce asks you for information, like your Social Security number, that is classified as “private data” under the Minnesota Government Data Practices Act (*Minnesota Statutes*, chapter 13). The Data Practices Act requires any governmental entity asking an individual to supply private data to inform the individual of:

- (a) the purpose and intended use of the requested data;
- (b) whether the individual may refuse to supply the requested data or is legally required to supply it;
- (c) any known consequence of supplying or refusing to supply private data; and
- (d) the identity of other persons or entities authorized by state or federal law to receive the data.

The information contained in (a)-(d) is called a “Tennessee Warning” and is set forth below. The Tennessee Warning also satisfies the federal notice requirement under 5 U.S.C. § 552a Note, which is triggered by our request for your Social Security number in the application.

If the Commissioner of Commerce issues a registration to you, all information contained in your application, except your Social Security number and nondesignated addresses, will be public pursuant to *Minnesota Statutes*, section 13.41, subdivision 5.

TENNESSEN WARNING

(a) Purpose and Intended Use of the Data

The data you give us about yourself is needed to:

- identify you;
- enable us to contact you when required;
- assist us in determining your qualifications and eligibility for the registration you are applying for;
- comply with certain federal and state reporting requirements; and
- evaluate the administration and management of this licensing/registration program.

(b) Disclosure: Mandatory or Voluntary?

You are legally required to supply all of the data required on the application form pursuant to *Minnesota Statutes*, section 81A.05. In particular, you must provide your Social Security number pursuant to 42 U.S.C. § 666(a)(13) and *Minnesota Statutes*, section 270C.72, subdivision 4. You are not legally required to supply any other data requested on the application.

(c) Consequences of Supplying or Refusing to Supply Requested Data

If you supply all of the requested data, your application will be processed. If you refuse to supply data requested on the application, your application will not be processed. Whatever information you do supply to the Department will be maintained by us, whether or not your application is approved.

(d) Others Authorized to Receive the Data

The information about you that is collected on the application will be classified as either public or private data. Public data will be accessible to the public. Private data about you will be accessible only to:

- you;
- state personnel who determine your eligibility for licensure;
- employees of license database vendors;
- the Minnesota Department of Revenue (*Minnesota Statutes*, section 270C.72, subd. 4);
- the public authority responsible for child support in Minnesota (*Minnesota Statutes*, section 256.978);
- any appropriate person(s) or agency, if the Commissioner of Commerce determines that failure to make the data accessible is likely to create a clear and present danger to public health or safety;
- person(s) authorized by a court order; or
- any other person authorized by state or federal law.

E.



STATE OF MINNESOTA
DEPARTMENT OF COMMERCE
85 - 7th Place East
St. Paul, Minnesota 55101
(651) 539-1599

BCA FORM

Bureau of Criminal Apprehension
Criminal Background Check

THIS FORM MUST BE COMPLETED AND SIGNED BY ALL INDIVIDUAL APPLICANTS, AND IF THE LICENSE IS TO BE ISSUED TO A COMPANY, THIS FORM MUST BE COMPLETED AND SIGNED BY EACH OF THE COMPANY'S OWNERS, QUALIFYING PERSON, LIMITED OR GENERAL PARTNERS, CORPORATE OFFICERS, DIRECTORS, SHAREHOLDERS OWNING MORE THAN 10% OF THE CORPORATION'S STOCK, LLC OWNERS/GOVERNORS, MANAGERS, OR EMPLOYEES WITH AUTHORITY TO EXERCISE MANAGEMENT OR POLICY CONTROL. THE DEPARTMENT OF COMMERCE REQUIRES THIS INFORMATION TO CONDUCT CRIMINAL HISTORY CHECKS AND/OR VERIFY TAX IDENTIFICATION INFORMATION.

TO: Bureau of Criminal Apprehension and Minnesota Department of Revenue

RE: Request for Criminal Background Check, and
Request for Disclosure/Verification of Tax Identification Number

Form with fields: PROVIDE PERSON'S COMPLETE LEGAL NAME Please Print, LAST NAME, FIRST NAME, MIDDLE NAME, ADDITIONAL MIDDLE NAME, MAIDEN NAME, FORMER LAST NAME, DATE OF BIRTH, SOCIAL SECURITY NUMBER, TYPE OF LICENSE FOR WHICH YOU ARE APPLYING, THE FOLLOWING SECTION MUST BE COMPLETED IF THE LICENSE IS TO BE ISSUED TO A COMPANY: NAME OF THE COMPANY, COMPANY'S ASSUMED NAME, COMPANY'S MINNESOTA TAX IDENTIFICATION NUMBER, YOUR TITLE OR POSITION IN THE COMPANY.

CERTIFICATION AND AUTHORIZATION:

- I, the undersigned, and my company have made application to the Minnesota Department of Commerce for a regulated professional or occupational license.
I certify that complete and accurate responses have been provided for all questions on the application.
I hereby request and authorize the Bureau of Criminal Apprehension to conduct a background check of me through their records for licensing purposes.
I hereby request and authorize the Minnesota Department of Revenue to disclose or verify the state tax identification number.

Signature (mandatory)

Date