



**FLORIDA STATE UNIVERSITY ATHLETICS  
2021-22 ATHLETE-AGENT REGISTRATION FORM  
COMPLIANCE OFFICE - PROFESSIONAL SPORT  
OPPORTUNITIES-**

The completion of this form is required for registration in the Florida State University Athlete-Agent Program.

**NOTE:** This form must be completed in its entirety.

**I) General** (Please print or type)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Address: \_\_\_\_\_  
City State Zip

If affiliated with a particular firm or agency as an athlete-agent, please indicate:

Name of Firm/Agency: \_\_\_\_\_

Website: \_\_\_\_\_

Business Address: \_\_\_\_\_

City State Zip

Business Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**II) Education**

**High School**

Name: \_\_\_\_\_  
City State

Month/Year Graduated: \_\_\_\_\_

**College (undergraduate)**

School Name: \_\_\_\_\_  
City State

Degree(s) Awarded and Year: \_\_\_\_\_

**Graduate/Legal**

College or University: \_\_\_\_\_  
City State

Degree(s) Awarded and Year: \_\_\_\_\_

Admitted to Bar (If applicable)

Yes \_\_\_\_\_ No \_\_\_\_\_  
State(s)

**III) Experience**

Number of years' experience as an athlete-agent: \_\_\_\_\_

Sports/Professional Organizations in which you currently represent athletes and total number of athletes you have represented in each, respectively:

NFL: \_\_\_\_\_ NBA: \_\_\_\_\_  
MLB: \_\_\_\_\_ WNBA: \_\_\_\_\_  
Track: \_\_\_\_\_ PGA: \_\_\_\_\_  
Other: \_\_\_\_\_

Names of any athletes including FSU athletes (or all clients) you previously or currently represent and, in team sports, the team/league to which each athlete is currently under contract and name of team representative with whom you negotiated this contract. Write "none" if you currently do not represent any athlete. If you represent athletes in more than one sport, please provide this information for at least five clients (athletes) in each sport. Use additional sheets if necessary:

<u>Player Name</u>	<u>Team</u>	<u>Clients Phone</u>	<u>Team Representative</u>

**IV) Other Qualifications**

Current membership in professional organizations: \_\_\_\_\_

Occupational or professional licenses (e.g., certified public accountant, chartered life underwriter) and date obtained: \_\_\_\_\_

Are you currently registered with the State of Florida as an athlete-agent?                        
Yes No

If Yes, what is your Florida Agent Registration Number \_\_\_\_\_

Are you currently certified with professional sport organization?                        
Yes No

If yes, please list the professional sport organizations and status (i.e. permanent, provisional):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**V) Professional Services**

General services performed for client-athletes (check those that apply and indicate fee charged):

Playing contract negotiations:	_____	_____	Hourly fee or percentage: _____
	Yes	No	
Endorsement contract negotiations:	_____	_____	Hourly fee or percentage: _____
	Yes	No	
Legal Assistance:	_____	_____	Hourly fee or percentage: _____
	Yes	No	
Tax Consulting:	_____	_____	Hourly fee or percentage: _____
	Yes	No	
Financial Planning:	_____	_____	Hourly fee or percentage: _____
	Yes	No	
Money Management:	_____	_____	Hourly fee or percentage: _____
	Yes	No	

For the services you perform for client athletes, list the names and address of individuals, firms or agencies who assist in providing these services:

1. \_\_\_\_\_  

Name	Service	
_____		
Address	City	State
2. \_\_\_\_\_  

Name	Service	
_____		
Address	City	State
3. \_\_\_\_\_  

Name	Service	
_____		
Address	City	State

In receiving compensation for contract negotiation services, do you receive payment "up front" or are your payments received as the player is compensated?

\_\_\_\_\_

Please indicate which current Florida State University student-athlete you plan to contact in the upcoming year:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you earn income from work performed in some capacity other than as an athlete-agent?

\_\_\_\_\_                  \_\_\_\_\_

Yes                                  No

If yes, describe other occupation(s) or service(s) for which you are paid:

\_\_\_\_\_

\_\_\_\_\_

What approximate percentage of your total work time is consumed as an athlete-agent: \_\_\_\_\_

**VI) Previous Employment** (last two positions and dates of employment)

Firm: \_\_\_\_\_ Position: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Address: \_\_\_\_\_  
City State

Firm: \_\_\_\_\_ Position: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Address: \_\_\_\_\_  
City State

**VII) References**

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I certify that the above information is true, correct and complete to the best of my knowledge. Further, in accordance with Florida statute 468.456-(1-3), I certify that I will notify Florida State University Athletic Compliance Office before the first contact with a student-athlete who has eligibility remaining in any sport and is enrolled at Florida State University or before the first contact with the student-athlete's coach. I certify that I have reviewed the NCAA rules and regulations that accompany this form and will not and/or have not engaged in any activity prior to a student-athlete's agreement to be represented that would otherwise jeopardize the student-athlete's eligibility. I also 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 Florida State University against me and the assessment of civil and/or criminal penalties against me.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return Completed Form To:**

**Florida State University Athletics**  
C/O Compliance Office  
403 Stadium Drive West, Room D0107  
Tallahassee, FL 32306  
Phone: (850) 644-4272  
Fax: (850) 644-7025  
Email: jescue@fsu.edu