

STATE OF UTAH
DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING

APPLICATION FOR REGISTRATION

ATHLETE AGENT

APPLICATION INSTRUCTIONS AND INFORMATION

General Statement: The Utah Division of Occupational and Professional Licensing (DOPL) desires to provide courteous and timely service to all applicants for registration. To facilitate the application process, **submit a complete application form including all applicable supporting documents and fees.** Failure to submit a complete application and supply all necessary information will delay processing and may result in denial of licensure. The fees are for processing your application and will not be refunded. **Please read all instructions carefully.**

Address of Record: The address you provide on this application will be your address of record. All correspondence from DOPL will be sent to that address. It is your responsibility to maintain a current address with DOPL. If your address is incorrect, you will not receive renewal notices or other correspondence. Address changes can be made online at www.dopl.utah.gov.

Social Security Number: Your social security number is classified as a private record under the Utah Government Records Access and Management Act. It is used by DOPL as an individual identifier. It is also used for child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements 42 U.S.C. 666(a)(13). If an SSN is not provided, the application is incomplete and may be denied.

SUPPORTING DOCUMENTS AND FEES:

In addition to submitting a complete application, submit the following:

1. Using the “Request for Verification of License” form (*attached to this application*), obtain verification from each state where you were ever licensed/registered as an athlete agent.
2. Submit a \$510.00 non-refundable application-processing fee, made payable to “DOPL.”

ADDITIONAL IMPORTANT INFORMATION:

1. **Law and Rules:** You are required to understand all Utah laws and rules pertaining to your practice as an athlete agent. The following laws are available at www.dopl.utah.gov:
 - Division of Occupational & Professional Licensing Act
 - General Rules of the Division of Occupational & Professional Licensing
 - Uniform Athlete Agents Act
 - Uniform Athlete Agents Act Rules
2. **Renewal of Registration:** All athlete agent registrations expire September 30 of every even-numbered year.

Unlike many other states, Utah’s renewal schedule **is not** based on the registrant’s date of

initial registration. Under Utah’s renewal system, each profession expires as a group on the same day every two years. Therefore, the length of a registrant’s first renewal cycle depends on how far into the current renewal cycle initial registration was obtained. Each renewal cycle thereafter is for a full two years.

Additionally, the fee paid with this application for registration is an application-processing fee only. It does not include a renewal fee. Each registrant is responsible to renew registration **PRIOR** to the expiration date shown on the current certificate. Approximately two months prior to the expiration date shown on the registration certificate, renewal information is disseminated to each registrant’s last address of record, as provided to DOPL.

- 4. **Current Documents:** Applications, statutes, rules, and forms are occasionally changed. Go to www.dopl.utah.gov to ensure you have the most recent version of these documents.
- 5. **Name Change:** If you have been licensed by DOPL under any other name, please submit documentation of your name change (*i.e. copy of a marriage license or divorce decree*).

6. **Submit Completed Application to:**

By U.S. Mail	Division of Occupational & Professional Licensing P.O. Box 146741 Salt Lake City UT 84114-6741
By Express Mail or In Person	Division of Occupational & Professional Licensing 1 st Floor Lobby 160 E 300 S Salt Lake City UT 84111-2305

- 7. **Telephone Numbers:** (801) 530-6628
(866) 275-3675 – Toll-free in Utah
- 8. **Fax Number:** (801) 530-6511

APPLICATION FOR REGISTRATION

ATHLETE AGENT

Please list your <u>full legal name</u> as it appears on your driver's license, Social Security Card, etc.			
Last Name:	First Name:	Middle Name:	
Social Security Number: - -	Maiden Name:		
I certify under penalty of perjury that: <input type="checkbox"/> I am a citizen of the United States and I have a valid US Driver License or US State ID. License/State ID Number: _____ State: __ <input type="checkbox"/> I am a citizen of the United States currently living outside the United States and do not have a valid US Drivers License or US State ID. Please attach a legible copy of your valid passport or other documentation to verify you are a legal citizen of the United States. <input type="checkbox"/> I am a non-citizen of the United States, who is lawfully present in the United States and I have a valid US Drivers License or US State ID. License/State ID Number: _____ State: __ <input type="checkbox"/> I am a non-citizen of the United States, who is lawfully present in the United States and I do not have a valid US Drivers License or US State ID. Please attach a legible copy of your current and valid government issued document showing evidence of authorization to work in the United States. <input type="checkbox"/> I am a foreign national not physically present in the United States.			
Mailing Address:			
City:			State:
			ZIP:
<input type="checkbox"/> Male	Date of Birth:	Phone #:	E-Mail:
<input type="checkbox"/> Female			
List all other licenses, registrations, or certifications issued by any state which you now hold or have ever held in any profession. <i>(Use additional sheets if necessary.)</i>			
Profession:		Issuing State:	
License Number:		License Status:	Issue Date:
Profession:		Issuing State:	
License Number:		License Status:	Issue Date:
Profession:		Issuing State:	
License Number:		License Status:	Issue Date:

<i>DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY</i>	
License/Certificate Number: _____	
Date License/Certificate Approved: ___/___/___	
Approved By: _____	
Date License/Certificate Denied: ___/___/___	
Denied By: _____	
Reason for Denial/Other Comments: _____	

AFFIDAVIT and RELEASE AUTHORIZATION

1. I certify that I am qualified in all respects for the license for which I am applying in this application.
2. I certify that to the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, forgery, misrepresentation, omission of material fact; is truthful, correct, and complete; discloses all material facts regarding the applicant; and that I will update or correct the application as necessary, prior to any action on my application.
3. I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division of Occupational and Professional Licensing to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.
4. I understand that it is the continuing responsibility of applicants and licensees to read, understand, and apply the requirements contained in all statutes and rules pertaining to the occupation or profession for which I am applying, and that failure to do so may result in civil, administrative, or criminal sanctions.

Signature of Applicant: _____ Date of Signature: ___/___/_____

TRAINING AND EXPERIENCE AS AN ATHLETE AGENT:

A. Formal Training:

B. Practical Experience:

C. Educational Background Relating to Athlete Agent Activities:

REFERENCES:

List the names and addresses of three (3) references not related to the applicant and submit a letter of reference from each with this application.

- 1. Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Relationship to Applicant: _____
Daytime Phone Number: _____

- 2. Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Relationship to Applicant: _____
Daytime Phone Number: _____

- 3. Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Relationship to Applicant: _____
Daytime Phone Number: _____

PROFESSIONAL SERVICES:

List the name, sport, and last known team of each individual for whom the applicant acted as an athlete agent during the five (5) years preceding the date of this application:

- Name: _____
Sport: _____ Last Team Played For: _____

- Name: _____
Sport: _____ Last Team Played For: _____

- Name: _____
Sport: _____ Last Team Played For: _____

IDENTIFYING INFORMATION FOR BUSINESS ENTITY:

If applicable, supply the following identifying information with respect to the athlete agent's business. **Total ownership listed must equal 100%.** (Use additional sheets if necessary.)

Corporations: Provide information for all corporate officers, directors, and shareholders

All Other Types of Businesses: Provide information for all partners, members, officers, managers, associates, or profit sharers.

Full Name: _____
Social Security Number: _____ Date of Birth: ____/____/____
Position Title: _____ Percent Owned: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____

Full Name: _____
Social Security Number: _____ Date of Birth: ____/____/____
Position Title: _____ Percent Owned: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____

Full Name: _____
Social Security Number: _____ Date of Birth: ____/____/____
Position Title: _____ Percent Owned: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____

Full Name: _____
Social Security Number: _____ Date of Birth: ____/____/____
Position Title: _____ Percent Owned: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____

Full Name: _____
Social Security Number: _____ Date of Birth: ____/____/____
Position Title: _____ Percent Owned: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____

ATHLETE AGENT QUALIFYING QUESTIONNAIRE

Answer “yes” or “no” for each question. Do not leave any question blank.

1. _____ Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
2. _____ Have you ever been denied the right to sit for a licensure examination?
3. _____ Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?
4. _____ Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any professional licensing agency or criminal or administrative jurisdiction?
5. _____ Are you currently under investigation or is any disciplinary action pending against you now by any licensing agency or governmental agency?
6. _____ Is any action pending against you now by either the Federal Drug Enforcement Administration or any state drug enforcement agency?
7. _____ If you are licensed in the occupation/profession for which you are applying, would you pose a direct threat to yourself, to your clients, or to the public health, safety, or welfare because of any circumstance or condition?
8. _____ Have you ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?
9. _____ Have you ever had a documented case in which you were involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
10. _____ Have you been terminated from a position because of drug use or abuse within the past five (5) years?
11. _____ Are you currently using or have you recently (*within 90 days*) used any drugs (*including recreational drugs*) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?

(Continued on the next page.)

12. _____ Have you ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which you have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?
13. _____ Do you currently have any criminal action pending?
14. _____ Have you pled guilty to, no contest to, entered into a plea in abeyance or been convicted of a misdemeanor in any jurisdiction within the past ten (10) years? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
15. _____ Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?
16. _____ Have you, in the past ten (10) years, been allowed to plea guilty or no contest to any criminal charge that was later dismissed (*i.e. plea in abeyance or deferred sentence*)?
17. _____ Have you ever been incarcerated for any reason in any federal, state or county correctional facility or in any correctional facility in any other jurisdiction or on probation/parole in any jurisdiction?



If you answered “yes” to questions 13, 14, 15, 16, or 17 above, you must submit a complete narrative of the circumstances that occurred for EACH and EVERY conviction, plea in abeyance, and/or deferred sentence. You must also attach copies of all applicable police report(s), court record(s), and probation/parole officer report(s).

If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.

If you have formally expunged a criminal record as evidenced by a court order signed by a judge, you do not need to disclose that criminal history. Expungement orders must be sent to the Bureau of Criminal Identification and the FBI to enable the expungement to be completed and the criminal history eliminated from the records.



If you answered “yes” to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

A “yes” answer does not necessarily mean you will not be granted a license; however, the Division may request additional documentation if the information submitted is insufficient.

Division of Occupational and Professional Licensing
160 East 300 South, P.O. Box 146741
Salt Lake City, Utah 84114-6741
FAX: (801) 530-6511

REQUEST FOR VERIFICATION OF LICENSE

PART 1 – TO BE COMPLETED BY THE APPLICANT:

Complete the first section of the form and submit it to each state in which you have ever been licensed as an athlete agent. Request that the verifying state complete the form and mail or fax it directly to DOPL or return it to you for submission with your application.

Applicant Name: _____

Street Address: _____

City: _____

State: _____ Zip: _____

I am requesting licensure in the state of Utah as an **Athlete Agent**

I am/have been licensed in your state under the name _____

My social security number is _____

My date of birth is ___/___/___

My license number in your state is/was _____

I have enclosed the necessary license verification fee in the amount of \$ _____

Signature of Applicant: _____

PART 2 – TO BE COMPLETED BY THE VERIFYING AGENCY:

Please furnish the information requested, sign and verify the document, and mail or fax it directly to DOPL or place the completed form in a sealed envelope and provide it to the applicant in person or by mail. The applicant will include the verification of licensure with his/her Utah application. Thank you.

Name of Verifying State: _____

Name of Licensee (*as it appears in verifying state's records*): _____

(Continued on the next page.)

Classification of License Issued: _____

License Number: _____

Current Status: _____

Original Date of Licensure: ___/___/___ Expiration Date: ___/___/___

Continuously Licensed:

Yes No, please explain _____

Licensed By:

Exam, Type: _____ Date: ___/___/___

Endorsement: from what state? _____

Waiver: _____

Examination Scores: _____

Education Required For Licensure: _____

Disciplinary Action or Pending Disciplinary Action:

No Yes, please provide certified copies of all Petitions, Orders, etc.

Signature: _____

Title: _____

Agency: _____

Date of Signature: ___/___/___

(SEAL)