



# UTAH DEPARTMENT OF COMMERCE

## Division of Professional Licensing

### Athlete Agent

#### APPLICANT INFORMATION

Full Legal Name: \_\_\_\_\_  
First Middle Last

All Previous Legal Names: \_\_\_\_\_

Other DOPL Licenses Held: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender:  Male  Female

Address: \_\_\_\_\_  
Street Address (including Apt/Unit/Ste #) and/or PO Box

City State ZIP Code

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

*Note: All Division notices and communication will be sent to this email*

#### Please Select ONE:

- I am a United States citizen OR a non-citizen of the United States who is lawfully present.  
 I am a foreign national not physically present in the United States.  
 None of the above, please explain: \_\_\_\_\_

#### Driver License or State ID Card

State of Issue License Number Expiration Date

**NOTE:** If you do not hold a US Driver License or a US State ID, you must present a legible copy of your current and valid government issued document(s) showing evidence of lawful presence in the United States.

#### AFFIDAVIT AND RELEASE

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 all supporting document(s) are true and correct, 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, organizations, governmental agencies, or any others not specifically listed, which are set forth directly or by reference in this application, to release to the Division of Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division 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.
5. I certify that I do not currently pose a direct threat to myself, to my clients, or to the public health, safety or welfare because of any circumstance or condition.
6. I understand that I am responsible to update the Division of any changes relating to my license/certification/registration.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## QUALIFYING QUESTIONNAIRE

### Do not leave any question blank.

DOPL may request additional documentation if the information submitted is insufficient.

1.  Yes  No Have you EVER had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, resigned, or surrendered while under investigation, or otherwise **disciplined in any way**?
2.  Yes  No Do you CURRENTLY have **any criminal action active or pending**?
3.  Yes  No WITHIN THE PAST 10 YEARS, have you pled **guilty** to, **no contest** to, entered into a **plea in abeyance**, or been **convicted of a misdemeanor** in any jurisdiction?
4.  Yes  No Have you EVER pled **guilty** to, **no contest** to, entered into a **plea in abeyance**, or been **convicted of a felony** in any jurisdiction?

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. If you answered "Yes" to questions 2, 3, or 4 you must submit the following for EACH and EVERY incident:

- personal account of the incident
- court record(s)
- police report(s)
- 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.

#### NOTE:

- **DISCLOSE** charges that were later held in abeyance, diverted, reduced, or dismissed.
- **DISCLOSE** motor vehicle offenses such as driving while impaired or intoxicated. But you do not need to disclose minor traffic offenses such as parking or speeding violations.
- You do **not need to disclose** juvenile offenses, unless you were tried as an adult.
- **DISCLOSE** if you are restricted from possession, purchase, transfer, or ownership of a firearm or ammunition (even if your restriction is based on a non-reportable juvenile conviction).
- You do **not need to disclose** legally expunged or sealed criminal history incidents.

For more information, see DOPL's [criminal history FAQs](#).

## PROFESSIONAL LICENSES

List all other licenses, registrations or certification issued by any state which you now hold or have ever held in any profession. (Use additional sheets if necessary.)

Profession: \_\_\_\_\_ License Number: \_\_\_\_\_

Issuing State: \_\_\_\_\_ License Status: \_\_\_\_\_ Issue Date: \_\_\_\_\_

Profession: \_\_\_\_\_ License Number: \_\_\_\_\_

Issuing State: \_\_\_\_\_ License Status: \_\_\_\_\_ Issue Date: \_\_\_\_\_

If you identified an Athlete Agent license above, please answer the following:

- Yes  No After obtaining the license(s) above, have you engaged in at least one year of experience in the jurisdiction where the license was issued?

Note: If you answer yes to the question above, please see the checklist at the end of this application or [our website](#) for instructions on applying by endorsement.

**REQUIRED PERSONAL INFORMATION**

In accordance with UT CODE ANN §58-87-202 you must provide the following information:

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

Personal Social Media Accounts: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

**BUSINESS OR EMPLOYER**

Please select entity type you own or are employed by:

- Business Trust  General Partnership  Limited Partnership  Sole Proprietorship
 Corporation  Limited Liability Company  Limited Liability Partnership

**Section 1: Business Registration**

Name of Business or Employer: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address (including Apt/Unit/Ste #) and/or PO Box

City State ZIP Code

Business Phone: \_\_\_\_\_ Business Website: \_\_\_\_\_

Business Social Media Accounts: \_\_\_\_\_

UT Division of Corporations Registration Number: \_\_\_\_\_ Tax Id Number: \_\_\_\_\_

Select one:  Domestic  Foreign Is this company publicly traded?  Yes  No

DBA (if applicable) : \_\_\_\_\_ DBA Registration Number: \_\_\_\_\_

\*It is required that all entities doing business in Utah register with the Division of Corporations and Commercial Code.

**Section 2: Business Organization**

If a corporation, please list the officers, directors and any shareholder holding more than 5%. All other business organizations, please list the partners, members, officers, managers, associates, or profit-shares of the business.

Each individual, including applicant, must answer the questions listed. Please make additional copies of this page as needed.

Full Legal Name: \_\_\_\_\_

First Middle Last

Mailing Address: \_\_\_\_\_

Street Address (including Apt/Unit/Ste #) and/or PO Box

City State ZIP Code

- 1. Yes No Have you ever been convicted of a crime that if committed in his state, would be a crime involving moral turpitude or a felony?
2. Yes No Have you ever had any administrative or judicial determination that you made a false, misleading, deceptive, or fraudulent representation?
3. Yes No Have you ever participated 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 education institution?
4. Yes No Have you ever had any sanction suspension or disciplinary action taken against you arising as a result of occupational or professional conduct?
5. Yes No Have you ever had any denial of an application for, suspension or revocation of, or refusal to renew the registration or licensure as an athlete agent in any state?
6. Yes No Within 15 years before the date of this application, have you been a dependent or respondent in a civil proceeding, including a proceeding seeking an adjudication of incompetence? If so, please include the date and a full explanation of each preceding.
7. Yes No Within 10 years before the date of this application, have you been adjudicated bankrupt, or were you the owner of a business that was adjudicated bankrupt?
8. Yes No Do you have an unsatisfied judgment or a judgment of continuing effect, including alimony or a domestic order in the nature of child support, which is not current at the date of this application?

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

## TRAINING AND EXPERIENCE

Please provide a description of the following:

### Formal Training:

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### Practical Experience:

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### Education and Background Relating to Athlete Agent Activities:

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## PROFESSIONAL SERVICES

List the name, sport and last known team of each individual for whom you have acted as an athlete agent during the five years preceding the date of this application. Please use additional sheets as necessary.

Name:	_____	Sport:	_____	Team:	_____
Name:	_____	Sport:	_____	Team:	_____
Name:	_____	Sport:	_____	Team:	_____
Name:	_____	Sport:	_____	Team:	_____
Name:	_____	Sport:	_____	Team:	_____
Name:	_____	Sport:	_____	Team:	_____

## PROFESSIONAL LEAGUE/PLAYERS ASSOCIATIONS

List the name of each professional league and/or players association that you are certified or registered with and the date of certification/registration. If applicable, list the date of the expiration of the certification/registration, or the date the certification/registration was suspended, revoked, refused renewal, withdrawn, or terminated.

Name of Professional League/Association: \_\_\_\_\_

Date of Certification/Registration: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name of Professional League/Association: \_\_\_\_\_

Date of Certification/Registration: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name of Professional League/Association: \_\_\_\_\_

Date of Certification/Registration: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

## APPLICATION CHECKLIST AND INSTRUCTION

This checklist is for your convenience; you do not need to include it with your application.

**NOTE:** Incomplete applications will be denied.

Your application is classified as a public record and may be available for inspection by the public, except with regard to the release of information which is sub-classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

The following items are required to complete your application:

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- \$510 non-refundable application processing fee, made payable to "DOPL".
- Supporting documentation for any "yes" answers provided on the "Qualifying Questionnaire".
- Supporting documentation for any "yes" answers provided on any of the Business Organization questionnaires on page 3 of the application.
- Three (3) letters of recommendation from individuals familiar with your work as an athlete agent who are not related to you.
- Current resume outlining your work experience for the five years preceding the date of this application.
- Criminal History Disclosure Statement, if applicable.

Submit the above items with your completed application to:

**In person or via express delivery:**

Division of Professional Licensing  
Heber M Wells Building, 1<sup>st</sup> Floor Lobby  
160 E 300 S  
Salt Lake City, UT 84111

**US Postal Service:**

Division of Professional Licensing  
PO BOX 146741  
Salt Lake City, UT 84114-6741