COMPLETE, PRINT, MAIL OR FAX (If paying by credit card, complete Credit Card Payment Authorization on page 3)

ATHLETE AGENT REGISTRATION / RENEWAL APPLICATION

SECRETARY OF STATE
SFN 60891 (07-2015)

For Office Use Only

ID Number:	
WO Number:	
Filed:	By:

Secretary of State
State of North Dakota
600 E Boulevard Ave Dept 108
Bismarck ND 58505-0500
Telephone: (701) 328-3665
Toll Free: (800) 352-0867, option 1, ext 328-3663
Fax: (701) 328-1690
Email: sosadlic@nd.gov
Website: sos.nd.gov

Registration as an athlete agent is valid for two years. N.D.C.C., Chapter 9-15.1

Applicants already registered as an athlete agent in another state may apply for registration in North Dakota by complying with the requirements of N.D.C.C. § 9-15.1-04(2).

Application should be typed or printed.

Fee: (check one - fees are nonrefundable)

☐ $250.00 - Initial registration ☐ $150.00 - Renewal

1. Last Name	First Name			Middle Name
2. Home Address	City	State	ZIP Code	Home Telephone Number
3. Principal Business Address	City	State	ZIP Code	Business Telephone Number

4. Provide three (3) references not related to the applicant:

NAME	ADDRESS (Street, PO Box, City, State, ZIP)	TELEPHONE

5. Provide employment information (including self-employment) for the last five (5) years immediately preceding the date of application beginning with current employer (attach additional sheet if necessary):

NAME	ADDRESS (Street, PO Box, City, State, ZIP)	START DATE	END DATE

6. If ***employed as an athlete agent by a corporation***, provide the names and addresses of the officers, directors, and any shareholders of the corporation having an interest of five percent (5%) or greater. If ***your business as an athlete agent is not a corporation***, provide the names and addresses of all partners, members, officers, managers, associates, or profit sharers of the business (attach additional sheet if necessary).

NAME	ADDRESS (Street, PO Box, City, State, ZIP)

7. Answer the following questions. If the answer to any question is "yes," provide details on a separate sheet and attach it to this form.

YES	NO	
☐	☐	Have you or any person named in question #6 ever been convicted of a crime that, if committed in this state, would be a crime involving moral turpitude or a felony? If yes, identify the crime: _____
☐	☐	Has there ever been an administrative or judicial determination that you or any person named in question #6 made a false, misleading, deceptive, or fraudulent representation?
☐	☐	Has your conduct or that of any person named in question #6 ever 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?
☐	☐	Has there ever been a sanction, suspension, or disciplinary action taken against you or any person named in question #6 arising out of occupational or professional conduct?
☐	☐	Has there ever been any denial of an application for, suspension or revocation of, or refusal to renew the registration or licensure of yourself, or any person who is named in question #6 as an athlete agent in any state?

8. Provide a detailed description of your formal training, practical experience, and educational background relating to your activities as an athlete agent (attach an additional sheet if necessary):

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

NAME OF ATHLETE	SPORT	PROFESSIONAL SPORTS TEAM

In submitting this application for registration as an athlete agent in the state of North Dakota, I do hereby swear or affirm that I have reviewed the information contained herein and on any attachments hereto, and that such information is correct and true to the best of my knowledge. I understand that providing false information in this application constitutes cause for denial of my application and could subject me to criminal prosecution for perjury. I acknowledge that I have a duty and I agree to update and correct this information as it changes. I am aware that, should an investigation at any time disclose any such misrepresentation or falsification, my application could be rejected or my registration revoked and that I may be subject to prosecution in the state of North Dakota.

Signature	Date

Send the completed application and fee to:

Secretary of State
State of North Dakota
600 E Boulevard Ave Dept 108
Bismarck ND 58505-0500
Fax: (701) 328-1690

CREDIT CARD PAYMENT AUTHORIZATION

SECRETARY OF STATE

SFN 51478 (04-2014)

(All items required to complete transaction)

Amount Authorized			
Name			Telephone Number
Address	City	State	ZIP Code

☐ VISA ☐ MasterCard ☐ Discover			Signature (Required by Credit Card Companies)
Account Number	CSC Number *	Card Expires Month - Year	Date

* (CSC is the three-digit security code on the back of your card by the signature)