



**Auburn Athletics Compliance Office**  
**Agents Policy and Procedure**

**COMPLETION OF THIS FORM IS REQUIRED FOR REGISTRATION IN THE AUBURN UNIVERSITY ATHLETE AGENT PROGRAM.**

PLEASE TYPE (or clearly print) ALL RESPONSES.

**I. GENERAL.**

**A.** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

**B.** Have you ever been known by any other name, surname or alias? **Yes**  **No**

If yes, state all names used and when used:

Other Name/Surname/Alias	Dates Used
1.	
2.	

**C.** Personal/Home Mailing Address and Contact Information:

\_\_\_\_\_ Street City/State Zip

Personal/Home Telephone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

Personal/Home E-Mail: \_\_\_\_\_

**II. FIRM INFORMATION.**

**A.** Firm Name: \_\_\_\_\_

**B.** Firm Mailing Address: \_\_\_\_\_  
Street City/State Zip

**C.** Firm Website: \_\_\_\_\_

**D.** Business Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

**E.** E-Mail Address: \_\_\_\_\_



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**III. EDUCATION.**

**A.** List all Law Schools or Graduate Schools attended and degree/major earned.

School/City & State	Dates Attended	Degree/Major Earned
1.		
2.		
3.		

**B.** List all 2-Year, 4-Year colleges or universities attended and degree/major earned.

School/City & State	Dates Attended	Degree/Major Earned
1.		
2.		
3.		
4.		

**C.** List all high schools or prep schools attended and degree earned.

School/City & State	Dates Attended	Degree/Major Earned
1.		
2.		
3.		

**IV. PLAYER AGENT EXPERIENCE.**

**A.** Number of years as an athlete agent: \_\_\_\_\_

**B.** Check all sports in which you currently represent athletes:

- |                                   |                                     |  |                                       |
|-----------------------------------|-------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Boxing   | <input type="checkbox"/> Basketball | <input type="checkbox"/> Golf          | <input type="checkbox"/> Softball     |
| <input type="checkbox"/> Football | <input type="checkbox"/> Baseball   | <input type="checkbox"/> Tennis        | <input type="checkbox"/> Motor Sports |
| <input type="checkbox"/> Soccer   | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Track & Field | <input type="checkbox"/> Other: _____ |

**C.** The current number of professional athletes you or your firm represent is: \_\_\_\_\_

**V. OTHER QUALIFICATIONS.**

**A.** Please list all organizational/professional memberships:

Name of Organization	Member since	Office/Titles Held
1.		
2.		
3.		



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**B.** Please list all Occupational or Professional Licenses or Certifications.

Name of License	Name of Issuer & State of Issuance	Date Issued & Obtained
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

- Are you currently registered by the State of Alabama as an Athlete Agent?      **Yes**     **No**
- Are you currently certified by the NFLPA?      **Yes**     **No**
- Are you currently certified by the NBPA?      **Yes**     **No**
- Are you currently certified by any other professional sports organization or entity not previously listed in section V-B? *If so, please ensure to list above.*      **Yes**     **No**

**VI. PROFESSIONAL SERVICES.** Please check the applicable general services that you perform or provide for client athletes and indicate the fee or percentage charged:

- Playing Contract Negotiations:      *Hourly Fee = \_\_\_\_\_ or % \_\_\_\_\_*
- Endorsement Contract Negotiations:      *Hourly Fee = \_\_\_\_\_ or % \_\_\_\_\_*
- Legal Assistance:      *Hourly Fee = \_\_\_\_\_ or % \_\_\_\_\_*
- Tax Consulting      *Hourly Fee = \_\_\_\_\_ or % \_\_\_\_\_*
- Financial Planning      *Hourly Fee = \_\_\_\_\_ or % \_\_\_\_\_*
- Money Management      *Hourly Fee = \_\_\_\_\_ or % \_\_\_\_\_*
- Estate Planning      *Hourly Fee = \_\_\_\_\_ or % \_\_\_\_\_*
- Insurance      *Hourly Fee = \_\_\_\_\_ or % \_\_\_\_\_*
- Other**      *Hourly Fee = \_\_\_\_\_ or % \_\_\_\_\_*  
Specify Other: \_\_\_\_\_



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**For the services you and your firm perform or provide to client athletes, list the names of individuals, firms or agencies that assist in providing these services. You may attach additional sheets as needed.**

Name: _____	Name of Firm/Agency: _____
Address: _____	Phone: _____
Services Provided: _____	

Name: _____	Name of Firm/Agency: _____
Address: _____	Phone: _____
Services Provided: _____	

Name: _____	Name of Firm/Agency: _____
Address: _____	Phone: _____
Services Provided: _____	

Name: _____	Name of Firm/Agency: _____
Address: _____	Phone: _____
Services Provided: _____	

Name: _____	Name of Firm/Agency: _____
Address: _____	Phone: _____
Services Provided: _____	



**VII. RUNNERS/BIRD-DOGS/STREET AGENTS**

A. Please list the names of all persons employed on a volunteer or paid basis, that act as intermediaries upon your behalf, with the intent to cultivate prospective athlete clients for future representation by you or your firm (**NOTE: FAILURE TO DISCLOSE ALL RUNNERS COULD RESULT IN UNIVERSITY DISASSOCIATION.**)

Name/Surname/Alias	Dates Used
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

**VIII. PLAYER FUNDS, COMPENSATION & REPRESENTATION**

A. Do you handle player’s funds? If yes, please provide details as to the amount of bond, the name and address of the surety or bonding company, etc.

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B. In receiving compensation for contract negotiation services, do you require payment “up front” or are your payments received as the player is compensated?

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- C. Please list at least fifteen (15) athletes (or all clients, if fewer than fifteen (15) you currently represent.

Name of Athlete Client	Sport	Dates of Representation
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

- D. Please list at least fifteen (15) FORMER athletes (or all clients, if fewer than fifteen (15) you formerly represented in the past five years.

Name of Athlete Client	Sport	Dates of Representation
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		



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**IX. INCOME**

**A.** Do you earn income from work performed in some capacity other than as an athlete agent?  
**Yes**  **No**

If yes, please describe your other occupations or services for which you are paid:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**B.** What approximate percentage of your total work is spent as an athlete agent: \_\_\_\_\_

**X. PREVIOUS EMPLOYMENT HISTORY.**

Name of Firm/Agency: _____	Years Employed: _____
Address: _____	Phone: _____
_____	
Job Title: _____	Name of Supervisor: _____

Name of Firm/Agency: _____	Years Employed: _____
Address: _____	Phone: _____
_____	
Job Title: _____	Name of Supervisor: _____

Name of Firm/Agency: _____	Years Employed: _____
Address: _____	Phone: _____
_____	
Job Title: _____	Name of Supervisor: _____



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**XI. REFERENCES**

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

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

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

Email address: \_\_\_\_\_

Title/Relationship: \_\_\_\_\_

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

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

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

Email address: \_\_\_\_\_

Title/Relationship: \_\_\_\_\_

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

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

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

Email address: \_\_\_\_\_

Title/Relationship: \_\_\_\_\_

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

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

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

Email address: \_\_\_\_\_

Title/Relationship: \_\_\_\_\_





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### XII. VERIFICATION STATEMENT

Agents are invited to register to participate in Auburn's Sports Agent program for student-athletes and their families. If you seek to represent Auburn student-athletes in their future professional activities and want to participate in the education program, you must agree to the conditions of this policy, apply for registration through our NCAA Compliance Office and receive approval from the Director of Athletics and/or his designee. By affixing your signature below, you certify that the information submitted in this document is true and correct to the best of your knowledge. Further, you certify that you have reviewed NCAA Rules, pertinent State of Alabama Agent Laws and regulations and athletics department policies and procedures and that before signing this registration form, you have read the Auburn Agent Policy concerning student-athletes and agree to be bound by and conform to this policy. You 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 Auburn University and the assessment of civil and/or criminal penalties.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Information submitted on this document will only be disseminated to a third party with probable cause and as a result of an NCAA, SEC or institution's inquiry into potential state, federal or NCAA violation of rules.**

**Please return to:**

**Auburn Athletics Compliance Office  
Auburn University**