



AGENTS, FINANCIAL PLANNERS & DISABILITY INSURANCE PROVIDERS: All agent/advisor registration applications must be filled out completely and contain the required forms listed in the Certification Section (Section IX) of the application. Individuals who submit incomplete applications will be notified of the missing information and the application will not be processed until all required information has been received. If an application is complete, the individual will be notified by e-mail that the registration has been approved.

Registration (Check all that apply):

Athlete Agent
 Financial Advisor/Planner
 Disability Insurance Provider

I. Applicant General Information:

Companies with multiple applicants should complete a form for each person applying.

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| Applicant Name (Last, First, Middle): | | Date of Birth: |
| Work Phone: | Cell Phone: | Fax: |
| Applicant Email: | | |
| Company Name: | | |
| Company Street Address: | | |
| City: | State: | Zip Code: |
| Educational Background (please list year of graduation(s), all degrees and the awarding educational institutions): | | |

II. Names of USC Student-Athletes:

Please list the names of the USC student-athletes you intend to contact.

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III. Players' Associations Registration Certifications:

It is also recommended to review your players' association agent's rules and regulations. For additional information on registering with your players' association, please visit [MLBPA](#), [NBAPA](#), [NFLPA Financial Advisor FAQs](#), [NFLPA Agent FAQs](#), [USATF](#).

***Please check all that apply:**

- Major League Baseball Players' Association (MLBPA)
- National Basketball Players' Association (NBPA)
- National Football League Players' Association (NFLPA)
- USA Track and Field (USATF)
- Other: _____

| Effective Date: | Expiration Date: |
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- 1.) Have you ever been disciplined or cited for a violation of a players' association regulation governing athlete agents?
 If yes, please provide the following (as an attachment to this application): Yes No
 - a) Nature of the complaint or charge;
 - b) Date of the alleged violation; and
 - c) Result or status of the investigation (including action taken and the authority imposing the action).
- 2.) Please attach a list of all employees in your agency.
- 3.) Below, please list the names of any agencies or individuals with whom you have a joint venture.

| Name of Agency or Individual: | Service(s) Provided: |
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III. South Carolina Department of Consumer Affairs Registration (Athlete Agents Only):

Every sports agent applying to work with USC student-athletes must be registered with the South Carolina Department of Consumer Affairs. A copy of a South Carolina agent registration or notice of pending registration must be included for all athlete agents.

- I am currently registered with the South Carolina Department of Consumer Affairs (SCDCA).
- My registration application is pending approval with the SCDCA.

- Have you have ever been disciplined or cited for a violation of a state statute regulating athlete agents?
 If yes, please provide the following (attached to this application): Yes No
- a) Nature of the complaint or charge;
 - b) Date of the alleged violation; and
 - c) Result or status of the investigation (including action taken and the authority imposing the action).



VI. **Business Services Offered:**

Please indicate the services you or your company offers to athletes (check all that apply).

- Contract Negotiation
- Tax Planning
- Insurance Planning
- Estate Planning
- Investment Counseling
- Insurance Coverage
- Financial Planning
- Grievance - Arbitration
- Appearance/Endorsement

1.) Do you offer separate contracts for each service? Yes No

2.) Are you currently registered under any of the following:

The Securities and Exchange Commission? Yes No

The Investment Advisor's Act? Yes No

The Financial Information Services Agency (FISA)? Yes No

3.) Do you manage your client's funds? Yes No

If yes, please explain:

4.) Are you bonded? Yes No

If yes, please provide the amount of bond, company, and address:

5.) Do you refer players to others for services (e.g., financial planning, disability insurance, etc.)? Yes No

If yes, list firm names, addresses, phone numbers, and services you refer:

6.) Do you receive a fee for referrals? Yes No

If yes, please explain the basis for any such fees:

7.) Do you have an ownership interest; wholly or partially finance; or directly or indirectly exercise control of any firm or organization that provides services for players upon your referral? Yes No

If yes, please identify the firms, addresses, phone number, services, and your relationship to them:

8.) Explain your fee structure, including expenses billed to your clients above and beyond your standard percentage.



VII. Professional Background:

1.) Please list any occupational or professional licenses or bar admission you have obtained other than college or graduate school degrees (ex. CPA, Charter Life Underwriter, etc.), including dates obtained. Indicate the status of any for which applications are currently pending:

3.) If you have ever been suspended, reprimanded, censured, or otherwise disciplined or disqualified as a member of any professional organization, or as a public office holder, please provide the action taken, dates, authority imposing the action, and their address:

IX. Certification:

I have attached with this application the following required forms or information for all athlete agents/advisors:

- Copies of valid, current registrations with player organizations
- A copy of current valid SCDCA Agent Registration or acknowledgement of pending registration (Athlete Agents ONLY)
- A client list from the last three (3) years including contact information and years of representation
- A copy of my standard representation contract (if different from the players' association standard representation contract)

Agent/advisor registration applications will not be completed until all the required items above have been received. You may also send any promotional brochures or other information that you would like to have placed in your files accessible by our student athletes, coaches, and staff.

I, _____, hereby apply to the University of South Carolina, for registration to participate in the professional sports education programs for University of South Carolina student-athletes.

By signing below, I certify that the above information is true, correct and complete to the best of my knowledge. Further, I certify that I will notify the University of South Carolina Department of Athletics (via the liaison indicated below) before having contact with a student-athlete who has eligibility remaining and is enrolled in the University of South Carolina or before the having contact with the student-athlete's family or coach. I affirm that I have reviewed the NCAA rules and regulations that accompany this form and have not/will not engage(d) in any activity that would jeopardize a student-athlete's eligibility without first entering into a signed agreement with the student-athlete. I also understand that failure to comply with the terms of this registration, the laws of the State of South Carolina and applicable NCAA legislation may result in initiation of legal proceedings against me by the University and/or State of South Carolina.

In the event your information or situation changes please contact the Office of Compliance Services so that we may update your registration.

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| Applicant Name: | Applicant Signature: | Date: |
| <p style="text-align: center;"><i>Return completed application to:</i></p> <p style="text-align: center;">University of South Carolina Agent/Advisor Program Attention: Chance Miller, Office of Compliance Services Rice Athletics Center 1304 Heyward Street Columbia, SC 29208</p> | | <p style="text-align: center;"><i>USC Office of Compliance Services Use Only:</i></p> <p>Date of Review: _____</p> <p>USC Registration Expires: _____</p> <p>SCDCA Status: <input type="checkbox"/> Approved <input type="checkbox"/> Denied</p> <p>SCDCA Registration Expires: _____</p> |