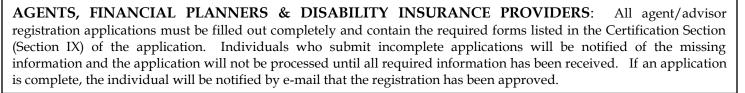
Office of Compliance Services

Form 12.9 - Agent/Advisor Registration Application



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.

Applicant Name (Last, First, Middle):			ate of Birth:	
Work Phone:	Cell Phone:	Fax:		
		1000		
Applicant Email:				
Company Name:				
Company Street Address:				
City:	State:	Zip Code:		
Educational Background (please list year of g	graduation(s), all degrees and the awardin	geducational institu	utions):	

II. Names of USC Student-Athletes:

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



University of South Carolina Athletics

Office of Compliance Services

Form 12.9 - Agent/Advisor Registration Application

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 <u>MLBPA</u>, <u>NBAPA</u>, <u>NFLPA Financial Advisor FAQs</u>, <u>NFLPA Agent FAQs</u>, <u>USATF</u>.

*Please check all that apply:	Effective Date:	Expiration Date:
□ Major League Baseball Players' Association (MLBPA)		
□ National Basketball Players' Association (NBPA)		
□ National Football League Players' Association (NFLPA)		
\Box USA Track and Field (USATF)		
□ Other:		
□ Other:		

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):

- 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:

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 beer	n disciplined or	cited for a viol	ation of a state st	atute regulating athlete	e agents?
If man interest in the	the fallessing of		· ····································		~ ~

If yes, please provide the following (attached to this application): a) Nature of the complaint or charge; No

- b) Date of the alleged violation; and
- c) Result or status of the investigation (including action taken and the authority imposing the action).



nts?

Form 12.9 - Agent/Advisor Registration Application



VI. Business Services Offered:

Office of Compliance Services

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

Contract Negotiation	Estate Planning	□ Financial P	lanning
□ Tax Planning	Investment Counseling	Grievance -	- Arbitration
□ Insurance Planning	□ Insurance Coverage	□ Appearance	e/Endorsement
1.) Do you offer separate contracts for each service	ce?	□ Yes	□ No
2.) Are you currently registered under any of the The Securities and Exchange Commission The Investment Advisor's Act? The Financial Information Services Ages	on?	□ Yes □ Yes □ Yes	□ No □ No □ No
3.) Do you manage your client's funds? If yes, please explain:		□ Yes	□ No
4.) Are you bonded? If yes, please provide the amount of bor	nd, company, and address:	□ Yes	□ No
5.) Do you refer players to others for services (e.g If yes, list firm names, addresses, phone	1 0 1	e, etc.)? □Yes	D No
6.) Do you receive a fee for referrals? If yes, please explain the basis for any st	uch fees:	□ Yes	□ No
7.) Do you have an ownership interest; wholly or organization that provides services for players If yes, please identify the firms, address		□ Yes	□ No
8.) Explain your fee structure, including expenses	s billed to your clients above and beyond	l your standard p	percentage.

Office of Compliance Services



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. <u>Certification</u>:

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.

Applicant Name:	Applicant Signature:	Date:	
Return completed application to:		USC Office of Compliance Services Use Only:	
University of South Carolina Agent/Advisor Program		Date of Review:	
Attention: Chance Miller, Office of Compliance Services		USC Registration Expires:	
Rice Athletics Ce 1304 Heyward St		SCDCA Status:	□ Denied
Columbia, SC 29	208	SCDCA Registration Expires:	
University of South Carolina Age Attention: Chance Miller, Office of Rice Athletics Ce 1304 Heyward St	ent/Advisor Program Compliance Services nter reet	Date of Review: USC Registration Expires: SCDCA Status:	