

Agent Initial Registration Form



OFFICE OF ATHLETICS COMPLIANCE

The completion of this form is required for initial registration in the University of Cincinnati Player-Agent Program. Agents and/or advisors who have already registered with UC must still submit an updated Registration Renewal Form on an annual basis in order to remain active in the UC Player-Agent Program.

1. **Registration Status** (check all that apply)

☐

Athletic Agent

☐

Financial Planner

☐

NIL Agent

2. **General Information** (agencies with multiple applicants should complete a form for each person applying)

Name _____ Date of Birth _____

Name of Firm/Agency (if affiliated) _____

Firm/Agency Website _____ Business Phone _____

Cell Phone _____ Fax # _____ Email _____

Business Street Address (include city/state/zip) _____

3. **State Athletic Agent Registration**

What is your state registration status?

Please list all current and pending registration information for other states in the space provided below:

State	Status	Effective Date	Expiration Date
State	Status	Effective Date	Expiration Date
State	Status	Effective Date	Expiration Date
State	Status	Effective Date	Expiration Date
State	Status	Effective Date	Expiration Date

Have you ever been disciplined or cited for a violation of a statute regulating athletes in any state? ☐ Y ☐ N

If yes, please provide the following information:

Nature of the complaint or charge _____ Date of alleged violation _____

Result or status of the investigation (including action taken and authority imposing the action)

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4. Players' Association Registrations/Certifications (check all that apply and enter effective and expiration dates)

- ☐ Major League Baseball Players' Association (MLBPA) Effective Date: _____ Expiration Date: _____
- ☐ National Basketball Players' Association (NBPA) Effective Date: _____ Expiration Date: _____
- ☐ National Football League Players' Association (NFLPA) Effective Date: _____ Expiration Date: _____
- ☐ Other: _____ Effective Date: _____ Expiration Date: _____
- ☐ Other: _____ Effective Date: _____ Expiration Date: _____

Have you ever been disciplined or cited for a violation of a players' association regulation governing athlete agents? ☐ Y ☐ N
If yes, please provide the following information:

Nature of the complaint or charge Date of alleged violation

Result or status of the investigation (including action taken and the authority imposing the action)

Do you have business associates (e.g., runners, marketing associates, etc.) that work with you or your company? ☐ Y ☐ N
If yes, please identify all associates in the space provided below:

Name: _____ Service(s) Provided: _____

Name: _____ Service(s) Provided: _____

Name: _____ Service(s) Provided: _____

5. Business Services Offered (check all services that you or your company offer)

- ☐ Contract Negotiation ☐ Estate Planning ☐ Financial Planning ☐ Tax Planning ☐ Insurance Planning
- ☐ Investment Counseling ☐ Grievance-Arbitration ☐ Insurance Coverage ☐ Name, Image, and Likeness

Do you offer separate contracts for each service? ☐ Yes ☐ No

Do you manage your clients' funds? ☐ Yes ☐ No

If yes, please explain: _____

Are you bonded? ☐ Yes ☐ No

If yes, please provide the following information:

Bond Amount: _____ Company Name: _____

Bond Company address: _____

Are you currently registered under the Investment Advisor's Act? ☐ Yes ☐ No

Please contact Trevor Wright, Associate AD of Compliance & Administration, at trevor.wright@uc.edu or (847) 858-6456 with questions or completed forms.

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Business Services Offered (continued)

Do you refer players to others for services (e.g., financial planning, insurance, etc.)?

☐ Yes ☐ No

If yes, please provide the following information:

Firm Name: _____ Phone Number: _____ Service: _____

Firm Name: _____ Phone Number: _____ Service: _____

Do you receive a fee for referrals? ☐ Yes ☐ No

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

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 provide the following information:

Firm Name: _____ Phone Number: _____ Service: _____

Explain your fee structure, including expenses billed to your clients above and beyond your standard percentage:

6.Compliance Background

Have you been involved in or investigated for allegedly participating in actions that violated NCAA, Conference, university, college, players' association, league, team, or federal rules?

☐ Yes ☐ No

Have you ever been convicted or plead guilty to a criminal charge other than minor traffic violations?

☐ Yes ☐ No

Have you been a defendant in civil proceedings including bankruptcy, involving allegations of fraud, misrepresentation, embezzlement, misappropriation of funds, breach of fiduciary duty, forgery, or legal malpractice?

☐ Yes ☐ No

Have you been adjudicated insane or legally incompetent by any court?

☐ Yes ☐ No

Have you been suspended or expelled from any college, university, law school, or graduate school?

☐ Yes ☐ No

Have you had unsatisfied judgments or continuing effect against you other than alimony or child support?

☐ Yes ☐ No

Have you had any surety or bond against you in which someone has been required to pay on your behalf?

☐ Yes ☐ No

Have you been declared bankrupt or been an owner or part-owner of a business declared bankrupt?

☐ Yes ☐ No

If you answered "YES" to any of the above questions, attach information detailing dates, status, and resolved authority.

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7. Professional Background

Please list any memberships you have in business or professional organizations that directly relate to your occupation or profession: _____

If you have ever been disciplined by a professional organization, please provide the action taken, dates and the involved authority: _____

8. Employment History *(include information for the past five years)*

Current Employer		Current Job Title/Position
Date of Initial Employment	Current Supervisor Name	Supervisor Phone Number
Past Employer		Job Title/Position
Dates of Employment	Supervisor Name	Supervisor Phone Number
Past Employer		Job Title/Position
Dates of Employment	Supervisor Name	Supervisor Phone Number

9. Education

School	City/State	Degree:
	Major(s)	Date Received
School	City/State	Degree:
	Major(s)	Date Received
School	City/State	Degree:
	Major(s)	Date Received

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10. Student-Athlete Interests

Please indicate which current University of Cincinnati student-athletes you are interested in or plan to contact this academic year.

Student-Athlete's Name

Student-Athlete's Name

Student-Athlete's Name

Student-Athlete's Name

Student-Athlete's Name

Student-Athlete's Name

Student-Athlete's Name

Student-Athlete's Name

10. Student-Athlete Interests (cont'd):

Student-Athlete's Name

Student-Athlete's Name

Student-Athlete's Name

Student-Athlete's Name

Student-Athlete's Name

Student-Athlete's Name

Student-Athlete's Name

Student-Athlete's Name

11. Certification

By signing below, I certify that the information contained herein is true and correct to the best of my knowledge. I agree to notify the Compliance Office before my first contact with any student-athlete who has eligibility remaining in any sport and is enrolled at the University of Cincinnati, or before my first contact with any student-athlete's family. I will not engage in any activity prior to a student-athlete's agreement to be represented that would otherwise jeopardize the student-athlete's eligibility.

I agree to abide by all NCAA rules and University of Cincinnati regulations, and I 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 the University of Cincinnati against me and the assessment of civil and/or criminal penalties.

Applicant Signature

Date

Please contact Trever Wright, Associate AD of Compliance & Administration, at trever.wright@uc.edu or (847) 858-6456 with questions or completed forms.