



Arkansas Player-Agent Registration Date Registered State: _____ Expiration: _____
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UNIVERSITY OF ARKANSAS ATHLETICS COMPLIANCE Player-Agent Registration Form

The completion of this form is required for registration in the University of Arkansas Player-Agent Program.

NOTE: This form must be completed in its entirety.

I) GENERAL (Please print or type)

Name: _____ Date of Birth: _____

Phone: (_____) _____ E-mail: _____

Home Address: _____
City State Zip

If affiliated with a particular firm or agency as a player-agent, please indicate:

Name of Firm/Agency: _____

Business Address: _____
City State Zip (_____) Business Phone

E-mail Address: _____ Fax Number: (_____) _____

Website: _____

II) EDUCATION

High School

School Name: _____
City State

Month/Year Graduated: _____

College (Undergraduate)

School Name: _____
City State

Degree(s) and Year Graduated: _____

Graduate/Law

College or University: _____
City State

Degree(s) Awarded and Year: _____

Admitted to Bar (If applicable)

YES NO

_____ State

_____ Date

III) EXPERIENCE

Number of years certified as a player-agent: _____

Sports in which you currently represent athletes and total number of athletes in each sport:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

IV) OTHER QUALIFICATIONS

Current membership in professional organizations: _____

Occupational or professional licenses (e.g., certified public accountant, chartered life underwriter), State of Issuance and date obtained: _____

Are you currently registered by the State of Arkansas as a player-agent? YES NO

If YES, what is your Arkansas Agent Registration Number: _____

Are you currently certified by the NFLPA? YES <input type="checkbox"/> NO <input type="checkbox"/>	Permanent <input type="checkbox"/> Provisional <input type="checkbox"/>
	(Circle one)
Are you currently certified by the NBPA? YES <input type="checkbox"/> NO <input type="checkbox"/>	Permanent <input type="checkbox"/> Provisional <input type="checkbox"/>
	(Circle one)
Are you currently certified by the MLBPA? YES <input type="checkbox"/> NO <input type="checkbox"/>	Permanent <input type="checkbox"/> Provisional <input type="checkbox"/>
	(Circle one)

V) Professional Services

General services performed for client-athletes (check those that apply and indicate fee charged):

Playing contract negotiations: YES NO Hourly fee or percentage: _____

Endorsement contract negotiations: YES NO Hourly fee or percentage: _____

Legal Assistance: _____ Tax Consulting: _____

Financial Planning: _____ Money Management: _____

For the services you perform for client athletes, list the names and address of individuals, firms or agencies that assist in providing these services. Use additional sheets if necessary:

Name	City	State
Name	City	State
Name	City	State
Name	City	State
Name	City	State

In receiving compensation for contract negotiation services, do you receive payment "up front" or are your payments received as the player is compensated?

Names of any athletes including U of A athletes (or all clients, if fewer than 10) you previously or currently represent and, in team sports, the team/league to which each athlete is currently under contract and name of team representative with whom you negotiated this contract. Write "none" if you currently do not represent any athlete. If you represent athletes in more than one sport, please provide this information for at least five clients (athletes) in each sport. Use additional sheets if necessary:

Player Name	Team	Clients Phone	Team Representative

Please indicate which current University of Arkansas student-athletes you plan to contact in the upcoming year:

Do you earn income from work performed in some capacity other than as a player-agent? YES NO

If yes, describe other occupation(s) or service(s) for which you are paid:

Four horizontal lines for describing other occupations or services.

What approximate percentage of your total work time is consumed as a player-agent? _____

VI) Previous Employment (last two positions and dates of employment)

Firm: _____ Position/Date: _____

Address: _____
City State ZIP

Firm: _____ Position/Date: _____

Address: _____
City State ZIP

Firm: _____ Position/Date: _____

Address: _____
City State ZIP

VII) Does anyone else work for you (i.e., middlemen, runners, etc)? If yes please list YES NO

Name: _____ Position: _____

Name: _____ Position: _____

Name: _____ Position: _____

Name: _____ Position: _____

Name: _____ Position: _____

VIII) References

Name: _____ Position: _____

Address: _____
City State ZIP

Name: _____ Position: _____

Address: _____
City State ZIP

Name: _____ Position: _____

Address: _____
City State ZIP

IX) Certification

I, _____, certify that the above information is true, correct and complete to the best of my knowledge. Further, I certify that I will notify WILL LANDRETH before the first contact with a student-athlete who has eligibility remaining in any sport and is enrolled in the University of Arkansas or before the first contact with the student-athlete's coach. I have reviewed the NCAA rules and regulations that accompany this form will not and/or have not engaged in any activity prior to a student-athlete's agreement to be represented that would otherwise jeopardize the student-athlete's eligibility. I 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 the University of Arkansas against me and the assessment of civil and/or criminal penalties to me.

Applicant Name (Print): _____

Applicant Name (Signature): _____ Date: _____

Return Completed Form To: Will Landreth, Director of Compliance
University of Arkansas Athletics
Broyles Athletic Center
P.O. Box 7777
Fayetteville, AR 72702
Phone: (479) 575-3649
Fax: (479) 575-5290