



<b>Arkansas Player-Agent Registration</b> 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  NO  Permanent Provisional  
(Circle one)

Are you currently certified by the NBPA? YES  NO  Permanent Provisional  
(Circle one)

Are you currently certified by the MLBPA? YES  NO  Permanent Provisional  
(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?

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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:

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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 SCOTTY THURMAN 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:** **Scotty Thurman, Director of Compliance**  
**University of Arkansas Athletics**  
**Broyles Athletic Center**  
**P.O. Box 7777**  
**Fayetteville, AR 72702**  
**Phone: (479) 575-3649**  
**Email: rst004@uark.edu**