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81**KANSAS SECRETARY OF STATE
Athlete Agent Registration**

Instructions

Kansas Office of the Secretary of State:

Memorial Hall, 1st Floor (785) 296-4564
120 S.W. 10th Avenue kssos@sos.ks.gov
Topeka, KS 66612-1594 www.sos.ks.gov

The following form **must be complete** and accompanied by **the correct filing fee** or the document will **not** be accepted for filing.

Save time and money by filing your forms online at **www.sos.ks.gov**. There, you can also stay up-to-date on your organization's status, annual report due date, and contact addresses.

<input type="checkbox"/> Filing fee	The filing fee for this registration is \$515 .
<input type="checkbox"/> Payment	Please enclose a check or money order payable to the Secretary of State. Forms received without the appropriate fee will not be accepted for filing. Please do not send cash. NOTICE: There is a \$25 service fee for all checks returned by your financial institution. Also, to expedite processing, please do not use staples on your documents or to attach checks.
<input type="checkbox"/> Appendix A	List the business(es) or occupation(s) engaged in for the five (5) years immediately preceding the application or renewal request date.
<input type="checkbox"/> Appendix B	List all formal training, practical experience and educational background relating to applicant's professional activities as an athlete agent.
<input type="checkbox"/> Appendix C	List the names and addresses of three (3) individuals not related to the applicant willing to serve as references.
<input type="checkbox"/> Appendix D	List the name, sport and last known team for each individual for whom the applicant acted as an athlete agent during the five (5) years immediately preceding the date of this application or renewal request.
<input type="checkbox"/> Appendix E	List the names and addresses of all persons who are partners, members, officers, managers, associates or profit-sharers with respect to the athlete agent's business or employer if it is not a corporation. If the applicant is employed as an athlete agent by a corporation, list the names and addresses of all officers and directors, and any shareholder of the corporation have a five percent (5%) or greater interest.
<input type="checkbox"/> Appendix F	Please answer all questions listed for the applicant and each person identified in Appendix E, include appropriate explanations when indicated.
<input type="checkbox"/> Appendix G	An individual holding a certificate of registration or licensure as an athlete agent in another state may submit a copy of that application and certificate in lieu of completing this application provide that: <ol style="list-style-type: none">1. the other state's application was submitted to that state within six (6) months immediately preceding the date of the application to this state;2. the applicant certifies that the information in the other state's application is current;3. the information in the other's state's application contains information substantially similar to or more comprehensive than the required application to this state; and4. the other state's application was signed under penalty of perjury.
<input type="checkbox"/> Signature	Sign and date the application or renewal request under penalty of perjury.

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THIS SPACE FOR OFFICE USE ONLY.

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1. Type of registration

New registration Renewal registration

2. Name of applicant

Must be an individual

3. Applicant's principal business address

Street Address

City

State

Zip

4. Phone number

5. Name of applicant's business or employer

If applicable

6. Type of entity

Individual Partnership
 Corporation LLC
 Association Other

Use additional sheets as necessary.

List the business(es) or occupation(s) the applicant engaged in for the five (5) years immediately preceding the date of this application or renewal request.

Business or occupation			
Address			
City		State	Zip
Dates		Name of supervisor	
Duties			
Business or occupation			
Address			
City		State	Zip
Dates		Name of supervisor	
Duties			
Business or occupation			
Address			
City		State	Zip
Dates		Name of supervisor	
Duties			

Use additional sheets as necessary.

List all of the applicant's formal training, practical experience and educational background relating to professional activities as an athlete agent.

1. Formal Training

Description/dates/location/contact (include phone number):

2. Practical experience

Description/dates/location/contact (include phone number):

3. Educational background

School(s)/dates/degree or certification:

List the names and addresses of three (3) individuals not related to the applicant willing to serve as references.

Name		
Address		
City	State	Zip
Name		
Address		
City	State	Zip
Name		
Address		
City	State	Zip

Use additional sheets as necessary.

List the name, sport and last known team for each individual for whom the applicant acted as an athlete agent during the five (5) years immediately preceding the date of this application or renewal request.

Name	
Sport	Last known team
Name	
Sport	Last known team
Name	
Sport	Last known team
Name	
Sport	Last known team
Name	
Sport	Last known team
Name	
Sport	Last known team
Name	
Sport	Last known team
Name	
Sport	Last known team

Use additional sheets as necessary.

List the names and address of all persons who are partners, members, officers, managers, associates or profit-sharers with respect to the athlete agent's business if it is not a corporation. If the applicant is employed as an athlete agent by a corporation, list the names and addresses of all officers and directors, and any shareholder of the corporation have a five percent (5%) or greater interest.

Name		
Address		
City	State	Zip
Title or position	Ownership interest (if any)	
Name		
Address		
City	State	Zip
Title or position	Ownership interest (if any)	
Name		
Address		
City	State	Zip
Title or position	Ownership interest (if any)	
Name		
Address		
City	State	Zip
Title or position	Ownership interest (if any)	

Use additional sheets as necessary.

Please answer each of the following questions with regard to the applicant and each person identified in Appendix E. **If any question is answered yes, please provide a detailed explanation on a separate sheet.**

1. Has the conduct of the applicant or any person identified in Appendix E resulted in the imposition of a sanction, suspension or declaration of ineligibility of a student-athlete or educational institution to participate in an interscholastic or intercollegiate athletic event? Yes No
2. Has the applicant or any person identified in Appendix E ever been sanctioned, suspended or disciplined as a result of occupational or professional conduct? Yes No
3. Has the applicant or any person identified in Appendix E ever had an athlete agent application or renewal request denied? Yes No
4. Has the applicant or any person identified in Appendix E ever had an athlete agent registration or license suspended or revoked? Yes No
5. Has the applicant or any person identified in Appendix E ever been convicted of a felony, or of a misdemeanor involving moral turpitude? Yes No
6. Has the applicant or any person identified in Appendix E ever been administratively or judicially determined to have made false, misleading, deceptive or fraudulent representation? Yes No

I declare under penalty of perjury under the laws of the State of Kansas that the foregoing application is true and correct.

Signature of Applicant

Month

Day

Year

X

Only for use in lieu of application under circumstances of reciprocity.

CERTIFICATE OF RECIPROCITY

I, the undersigned applicant for athlete agent registration in the State of Kansas, declare under penalty of perjury pursuant to the laws of the State of Kansas that the attached copy of the application of, and certificate of registration or licensure issued by, the State of _____ was submitted to said state within six (6) months of the date of this Certificate of Reciprocity; that the information therein is current; that the information therein is similar to or more comprehensive than that required by the State of Kansas for athlete agent registration; and that said state's application was signed under penalty of perjury.

Signature of Applicant	Month	Day	Year
X			