



Instructions for Filing Application for Registration of an Athlete Agent

Section 5-74.1-5 of the General Laws of Rhode Island, 1956, as amended

*The attached form is designed to meet minimal statutory filing requirements pursuant to the relevant statutory provision.
This form and the information provided are not substitutes for the advice and services of an attorney and/or tax specialist.*

All filings are public records under RIGL 38-2-1, et seq. This means all information is available to the public by a variety of methods including, without limitations, inspections at our office, telephone inquiries and electronically through our online database.

How to complete the form:

1. List the name of the applicant.
2. List the applicant's principal place of business.
3. List the name of the applicant's business or employer.
4. State the business or occupation(s) the applicant engaged in for the past five years.
5. Describe the formal training the applicant has received as an athlete agent.
6. Describe the practical experience the athlete agent has received.
7. Describe the educational background relating to the applicant's activities as an athlete agent.
8. List the name, address, and email address of three individuals **NOT** related to the applicant to serve as a reference.
9. List the name, sport and last known team for each individual for whom the applicant acted as an athlete agent during the last five years.
10. If the athlete agent's business is not a corporation, list the names and addresses of all persons who are partners, members, officers, managers, associates or profit shares of the business.
11. If the athlete agent is employed by a corporation, list the names and addresses of all the persons who are officers, directors and any shareholder(s) of the corporation having an interest of five percent (5%) or greater.
12. State if the applicant or any person named in Sections 10 & 11 have been convicted of a crime in any jurisdiction which, if it had been committed in Rhode Island, would be a crime involving moral turpitude or a felony, and identify each such crime.
13. State if the applicant or any person named in Sections 10 & 11 have been by administrative or judicial determination found to have made a false, misleading, deceptive or fraudulent representation.
14. State any instance in which the conduct of the applicant or any person named in Sections 10 & 11 has resulted in the imposition on a student athlete or educational institution of a sanction, suspension, or declaration or ineligibility to participate in an interscholastic or intercollegiate athletic event.
15. State any sanction, suspension or disciplinary action taken against the applicant or any person named in Sections 10 & 11 arising out of occupational or professional conduct.
16. State if there has been any denial of an application for, suspension or revocation of, or refusal to renew, the registration or licensure of the applicant or any person named in Sections 10 & 11 as an athlete agent in any state.
17. The applicant **MUST** sign and date the application.

How to pay the filing fee:

The filing fee is payable either by mail via check made payable to RI Department of State or in person via cash, credit card, or check at the Business Services Division, 148 W. River Street, Ste. 1, Providence, RI 02904. Contact our office at (401) 222-3040 for further information.



STAMP

FOR
SECRETARY OF STATE
USE ONLY

Application for Registration of an Athlete Agent

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL [5-74.1-5](#), the undersigned submits the following application for registration of an athlete agent:

1. The name of the applicant is:

2. The principal place of business of the applicant is:

3. The name of the applicant's business or employer is:

4. The business or occupation(s) engaged in by the applicant for the five (5) years preceding the submission of this application is:

Check the box to indicate an attachment

5. The description of formal training as an athlete agent is:

Check the box to indicate an attachment

6. The description of practical experience as an athlete agent is:

Check the box to indicate an attachment

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

STAMP

FOR
SECRETARY OF STATE
USE ONLY

7. The description of educational background relating to the applicant's activities as an athlete agent is:

Check the box to indicate an attachment

8. The name and address of three (3) individuals **NOT** related to the applicant who are willing to serve as a reference is:

NAME	ADDRESS	EMAIL

9. The name, sport and last known team for each individual for whom the applicant acted as an athlete agent during the five (5) years preceding the date of submission of this application:

NAME	SPORT	TEAM

Check the box to indicate an attachment

10. If the athlete agent's business is not a corporation, list the names and addresses of all persons who are partners, members, officers, managers, associates or profit shares of the business:

NAME	ADDRESS

Check the box to indicate an attachment

11. If the athlete agent is employed by a corporation, list the names and addresses of all the persons who are officers, directors and any shareholder(s) of the corporation having an interest of five percent (5%) or greater:

NAME	ADDRESS

Check the box to indicate an attachment

12. State if the applicant or any person named in Sections 10 or 11 above have been convicted of a crime in any jurisdiction which, if committed in this state, would be a crime involving moral turpitude or a felony, and identify the crime(s):

Check the box to indicate an attachment

13. State if the applicant or any person named in Sections 10 and 11 above have been, by administrative or judicial determination, found to have made a false, misleading, deceptive or fraudulent representation:

Check the box to indicate an attachment

14. State any instance in which the conduct of the applicant, or any person named in Sections 10 and 11 above, has resulted in the imposition on a student athlete or educational institution of a sanction, suspension, or declaration of ineligibility to participate in an interscholastic or intercollegiate athletic event:

Check the box to indicate an attachment

15. State any sanction, suspension or disciplinary action taken against the applicant or any person named in Sections 10 and 11 above arising out of occupational or professional conduct:

Check the box to indicate an attachment

16. State if there has been any denial of an application for, suspension or revocation of, or refusal to renew, the registration or licensure of the applicant or any person named in Sections 10 and 11 above as an athlete agent in any state:

Check the box to indicate an attachment

Under penalty of perjury, I declare and affirm that I have examined this application, including any accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of Applicant

Date

Signature of the Applicant



State of Rhode Island
Department of State - Business Services Division

Filer Contact Information

In the event our office needs more information in order to complete the filing of this document, we ask for the filer's contact information. **All fields are REQUIRED.**

Name:		Date:
Street Address:		
City:	State:	Zip Code:
Email Address		Phone Number:

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.