



GEORGIA TECH COMPLIANCE OFFICE

Athlete-Agent Renewal Form

General Information

Name: _____ City/State: _____ Zip: _____

Phone Number(s): _____ Email: _____

Business Information

Firm/Agency Name: _____ Address: _____

City/State: _____ Zip: _____ Website: _____

Professional Associations and Athlete Representation

Are you currently registered as an Athlete Agent in the state of Georgia? Yes: _____ No: _____

Georgia Registration Number: _____

Current Memberships in Professional Organizations: _____

Occupational or Professional License(s) other than State Bar: _____

Are you currently certified by the NFLPA? Yes: _____ No: _____ Provisional: _____ Permanent: _____

Are you currently certified by the NBAPA? Yes: _____ No: _____ Provisional: _____ Permanent: _____

Are you currently certified by the MLBPA? Yes: _____ No: _____ Provisional: _____ Permanent: _____

Number of Years Certified: _____

Please indicate the names and sports of any current Georgia Tech Student-Athletes you plan to contact during the upcoming year.

Student-Athlete	Student-Athlete

Please provide the information of any additional clients you have represented since the date of your last registration.

Client Name	Current or Previous Client	Email or Phone Number	Team and League

Please provide the names of all persons who work with and for you, as it relates to your player-agent activities.

Name	Position/ Title	Email Address or Phone Number



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Professional Responsibility

Have you been disciplined by any professional association(s) since the date of your last registration? Yes: _____ No: _____

Have you been convicted/pled guilty to a criminal charge other than a minor traffic violation or been the defendant in a civil proceeding since the date of your last registration? Yes: _____ No: _____

Are any criminal or civil charges or complaints currently pending against you? Yes: _____ No: _____

If you answered Yes to any of the above questions, please attach a document explaining why.

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 the **Georgia Tech Athletic Association Compliance Office** prior to the first contact with a student-athlete’s coach or a student-athlete with eligibility remaining in any sport.

I certify that I have reviewed the NCAA rules and regulations applicable to player-agents and **will not and have not** engaged in any activity, prior to a student-athlete’s agreement to be represented, that would jeopardize the student-athlete’s eligibility.

I certify that I have read the **Georgia Tech Athletic Association Player-Agent Policy** concerning student-athletes and agree to be bound by and conform to this policy. I further understand that failure to comply with the terms of this policy and the applicable NCAA legislation may result in the initiation of legal proceedings by the **Georgia Tech Athletic Association** and the assessment of civil and/or criminal penalties.

NAME: _____

SIGNATURE: _____

DATE: _____

Please Return Completed Form To:

**Georgia Tech Athletic Association
Compliance Office
150 Bobby Dodd Way NW
Atlanta, GA 30332-0455
Fax: 404.894.4285**