

### Agent Registration Form

**THIS FORM MUST BE COMPLETED IN ITS ENTIRETY**

#### General Information (please print)

Full Name (Last, First, Middle):		Date of Birth
Soc. Sec. #:	Telephone Number:	

#### If affiliated with a particular firm as a player-agent, please indicate the following:

Name of Firm/Agency		
Business Address (No. Street, Apt. #)		
City, State, Zip		
Business Phone		
Business Fax Number	Cell Phone Number	E-Mail

#### Associates

Name and Title	<b>Certifications (Indicate Yes or No)</b>			
	NFLPA	NBPA	MLBPA	State of Indiana
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Address (No. Street, Apt. #)				
City, State, Zip				
Telephone Number	Fax. Number	Soc. Sec. #:	D.L. #	

Name and Title	<b>Certifications (Indicate Yes or No)</b>			
	NFLPA	NBPA	MLBPA	State of Indiana
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Address (No. Street, Apt. #)				
City, State, Zip				
Telephone Number	Fax. Number	Soc. Sec. #:	D.L. #	

#### Education

High School	Year Graduated
City, State	
College	
City, State	
Degree(s) Awarded and Year:	
Admitted to Bar (if applicable) Yes <input type="checkbox"/> No <input type="checkbox"/> State _____ Date _____	

#### Experience

Number of years as a player-agent:
Sports in which you currently represent athletes and total number of athletes in each sport:

#### Other Qualifications

Current membership in professional organizations:
Occupational or professional licenses and date obtained:

Are you currently certified by the NFLPA  
 Yes  No  Permanent  Provisional

Are you currently certified by the NBPA  
 Yes  No  Permanent  Provisional

Are you currently certified by the MLBPA  
 Yes  No  Permanent  Provisional

**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	Financial Planning
Tax Consulting	Money Management

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

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

\_\_\_\_\_

Please list the names of any athletes, including Purdue University athletes that you previously represented or currently represent and, in team sports, the team/league to which each athlete is currently under contract with. Also indicate the name of the team representative with who you negotiated that 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 in each sport. (Use additional sheets if necessary)

Player Name	Team	Client Phone	Team Representative

Please list the names of any current Purdue University student-athletes you wish to contact during the 2004-2005 academic year.


Do you earn income from work performed in some capacity other than as a player-agent? .Yes  No   
 If yes, please describe the other occupation or services for which you are paid.

\_\_\_\_\_

Firm/Agency
Position/Date
Address (No. Street, Apt. #)

Firm/Agency
Position/Date
Address (No. Street, Apt. #)

**References (3)**

Name
Address (No. Street, Apt. #)
Phone Number

Name
Address (No. Street, Apt. #)
Phone Number

Name
Address (No. Street, Apt. #)
Phone Number

I certify that the above information is true, correct, and complete to the best of my knowledge. Further, I certify that I will notify Tom Reiter before the first contact with a student-athlete who has eligibility remaining in any sport and is enrolled at Purdue University

Furthermore, I have reviewed the NCAA rules and regulations that accompany this form and state that I have not engaged in activity in any activity prior to a student-athlete's agreement to be represented that would 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 Purdue University against me and the assessment of civil and/or criminal penalties to me.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return completed form to: Tom Reiter, Compliance Director  
Purdue University  
Mollenkopf Athletic Center  
West Lafayette, IN 47907-1790  
765-494-3208  
treiter@purdue.edu