



State of Rhode Island and Providence Plantations
Department of State | Public Information Division
Nellie M. Gorbea, *Secretary of State*

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
82 Smith Street, Room 38
Providence, Rhode Island 02903
(401) 222-3983

**INSTRUCTIONS FOR FILING INITIAL APPLICATION FOR REGISTRATION
FOR 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.

1. To register as an Athlete Agent, an Application for Registration (or a copy of documentation pursuant to R.I.G.L. Section 5-74.1-5(b)) must be filed with the Office of the Secretary of State, Public Information Division, at the above address. When the Application is completed, signed by the applicant, and submitted with the correct filing fee, it will be reviewed by the Office of the Secretary of State. A Certificate of Registration will be issued if the applicant has complied with all of the statutory requirements and the Secretary of State has not determined that the applicant has engaged in conduct that has a significant adverse effect on the applicant's fitness to act as an athlete agent.
2. The Application for Registration Fee is Fifty (\$50.00) dollars. Payments shall be made payable to the Rhode Island Secretary of State.
3. The Application for Renewal Fee is Twenty-Five (25.00) dollars. Payments shall be made to the Rhode Island Secretary of State

If you have any questions, please call us at (401) 222-3983, Monday through Friday, between 8:30 a.m. and 4:30 p.m



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**Application for Registration
Athlete Agent
(PURSUANT TO R.I.G.L. 5-74.1-5)**

1. Applicant name: _____ Date: _____

2. Principal place of business: _____

3. Name of applicant's business or employer: _____

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

5. Description of formal training as an athlete agent:

6. Description of practical experience as an athlete agent:

7. Description of educational background relating to activities as an athlete agent:

8. Name and address of three (3) individuals NOT related to the Applicant who are willing to serve as references:

Name	Address
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Name	Address
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Name	Address
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9. Name, sport and last know team for each individual that the applicant acted as an athlete agent, during the five (5) year next preceding the date of submission of the application:

Name	Sport	Team
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Name	Sport	Team
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Name	Sport	Team
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10. Names and addresses of all persons who are partners, members, officers, managers, associates or profit shares of the business (if not a corporation):

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

12. Please state if the applicant or any person named in sections 10 or 11 above have been convicted of a crime that, if committed in this State, would be a crime involving moral turpitude or a felony, and identify the crime:

Public Information Division

State House, 82 Smith St., Room 38, Providence, RI 02903-1119
Phone: 401-222-3983 - Fax: 401-222-1404 – Email: publicinfo@sos.ri.gov

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

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

15. Please state any sanction, suspension or disciplinary action taken against the applicant or any person named in sections 10 & 11 herein arising out of occupational or professional conduct:

16. Please 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 herein as an athlete agent in any state:

Signed under the pains and penalties of perjury.

Signature of Applicant

Printed Name of Applicant

Date