

Dartmouth College Athletic Compliance Athlete Agent Registration Form



** All agents (per the NCAA's definition of the term) who wish to interact with a Dartmouth Athletics student-athlete must first register with the Compliance Office on an annual basis using this form. Registration is valid from July 1st to June 30th of the following year.*

1. **Dartmouth Athletics Registration Status**

- First-time registering with Dartmouth Athletics Renewing an existing registration

2. **General Information** (agencies with multiple applicants must complete a separate form for each person)

Applicant's Name		Date of Birth	
Name of Firm/Agency (if affiliated)		Firm/Agency Website	
E-Mail Address	Business Phone #	Cell Phone #	Fax #
Business Street Address	City	State	Zip Code

3. **New Hampshire Athlete Agent Registration Status** (a copy of your NH athlete agent application must accompany this form)

What is the current status of your Athlete Agent Registration with the state of NH?

Please list any (up to 5) current and pending registration information you have with other states:

State: _____	Status: _____	Effective Date: _____	Expiration Date: _____
State: _____	Status: _____	Effective Date: _____	Expiration Date: _____
State: _____	Status: _____	Effective Date: _____	Expiration Date: _____
State: _____	Status: _____	Effective Date: _____	Expiration Date: _____
State: _____	Status: _____	Effective Date: _____	Expiration Date: _____

Have you ever been disciplined or cited for a violation of a statute regulating athlete agents in any state? Yes No
If yes, please provide the following information:

Nature of the complaint or charge	Date of the alleged violation
Result or status of the investigation (including action taken and the authority imposing the action)	

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4. Players' Association Registrations/Certifications (check all that apply and include information requested)

- Major League Baseball Players' Association (MLBPA) Effective Date: _____ Expiration Date: _____
 National Basketball Players' Association (NBPA) Effective Date: _____ Expiration Date: _____
 National Football League Players' Association (NFLPA) Effective Date: _____ Expiration Date: _____
 National Hockey League Players' Association (NHLPA) Effective Date: _____ Expiration Date: _____
 Other: _____ Effective Date: _____ Expiration Date: _____

Have you ever been disciplined or cited for a violation of a players' association regulation? Yes No
If yes, please provide the following information:

 Nature of the complaint or charge Date of the alleged violation

 Result or status of the investigation (including action taken and the authority imposing the action)

Do you have business associates (e.g., runners, markers, etc.) that work with you/company? Yes No
If yes, please provide any associates' names (up to 3):

Name: _____ Service(s) Provided: _____

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Name: _____ Service(s) Provided: _____

5. Business Services Offered (check all services that you or your company offer)

- Contract Negotiation Estate Planning Financial Planning Tax Planning Insurance Planning
 Investment Counseling Grievance-Arbitration Insurance Coverage Appearance/Endorsement

Please list any other services you provide: _____

Do you offer separate contracts for each service? Yes No

Do you manage your clients' funds? Yes No

If yes, please explain: _____

Are you bonded? Yes No *If yes, please provide the following information*

Bond Amount: _____ Company Name/Address: _____

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Business Services Offered (continued)

Do you refer clients to other individuals for services you do or do not already provide?	<input type="radio"/> Yes	<input type="radio"/> No
<i>If yes, please provide the following information:</i>		
Firm Name: _____	Phone #: _____	Service: _____
Firm Name: _____	Phone #: _____	Service: _____
Do you receive a fee for referrals? If so, please explain the basis for such fees below:	<input type="radio"/> Yes	<input type="radio"/> No
Do you have an ownership interest; wholly or partially finance; or directly or indirectly exercise control of any firm or organization that provides services for players upon your referral?		
<input type="radio"/> Yes <input type="radio"/> No		
<i>If yes, please provide the following information:</i>		
Firm Name: _____	Phone #: _____	Service: _____
Please explain your fee structure, including expenses billed to your clients above and beyond your standard percentage:		

6. Compliance Background (if you answer YES to any of the questions, please include information pertaining to that occurrence)

• Have you been involved in or investigated for allegedly participating in actions that violated NCAA, conference, college, players' associated, league, team, or federal rules?	<input type="radio"/> Yes	<input type="radio"/> No
• Have you been a defendant in civil proceedings involving allegations of fraud, misrepresentation, embezzlement, misappropriation of funds, conversion, and breach of fiduciary duty, forgery, or legal malpractice?	<input type="radio"/> Yes	<input type="radio"/> No
• Have you ever been suspended or expelled from any institution of higher education?	<input type="radio"/> Yes	<input type="radio"/> No
• Have you ever been declared bankrupt or been an owner or part owner of a business that was declared bankrupt?	<input type="radio"/> Yes	<input type="radio"/> No
• Have you ever been suspended, reprimanded, censured, or otherwise disciplined or disqualified as a member of any professional organization or as a public office holder?	<input type="radio"/> Yes	<input type="radio"/> No
• Have you ever been convicted or plead guilty to a criminal charge other than a minor traffic offense?	<input type="radio"/> Yes	<input type="radio"/> No

7. Additional Attachments (It is required that you include the following attachments upon submission of this form)

<input type="checkbox"/>	A list of your current clients including their name(s), sport(s), and applicable dates of representation.
<input type="checkbox"/>	A list of Dartmouth College student-athletes you are interesting in/plan to contact. Include name and sport.
<input type="checkbox"/>	Current resume/CV, including, but not limited to, your educational background and employment history.
<input type="checkbox"/>	Any other information previously requested to be included with this form (e.g., NH State Registration).

Use the check boxes to denote what attachment is included and what is missing. If missing, please include correspondence regarding why.

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8. Athlete Agent Registration Agreement

As the applicant athlete agent, signing and dating this section below will certify the following:

I certify that I will notify the senior compliance administrator (named below in the 'return' section) within Dartmouth Athletics prior to making initial contact (or directing someone to make contact on my behalf) with a Dartmouth student-athlete who has intercollegiate eligibility remaining in any sport and who is still enrolled at Dartmouth College (including the student-athlete's family and friends).

I certify that the information I have provided in the entirety of this form, and any requested attachments, are true, correct, and completed to the best of my knowledge.

I certify that I have read and understand Dartmouth Athletics policies and rules pertaining to Agents, and agree to be bound by and conform to all regulations therein.

I certify that I will conform and be bound by New Hampshire State law, NCAA rules, and any other applicable laws (e.g., Federal), when it comes to my interactions and arrangements with Dartmouth student-athletes.

I certify that I have not engaged in, nor will engage in, any activity prior to a student-athlete's consent, that would jeopardize their NCAA eligibility.

I 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 Dartmouth College and the assessment of civil and/or criminal penalties.

Applicant Name (print): _____

Applicant Signature: _____ **Date:** _____

9. Return Procedures

MAIL	FAX	SCAN
Jake Munick, Athletics Compliance Dartmouth College 6083 Alumni Gym Hanover, NH 03755	Attn: Athletics Compliance Office 603-646-0573	Feel free to attach all the completed documentation and correspondence in an email and send to: jake.munick@dartmouth.edu

STOP! The remainder of this form is to be completed by Dartmouth Athletics Compliance personnel only. Upon approval of this request, the compliance staff member will notify both the applicant and the student-athlete(s) the applicant expressed an interest to communicate with. Feel free to send any promotional materials that you would like to have included in your file accessible by Dartmouth student-athletes, coaches, and staff.

FOR COMPLIANCE USE ONLY

Proof of NH State Registration: _____	NH State Application: _____	Completed Agent Form: _____	Included Required Attachments: _____
Compliance Approval Signature: _____			Date: _____