



AGENT & AMATEURISM PROGRAM REGISTRATION FORM

Every individual agent seeking to contact or represent a UCLA student-athlete should register with the UCLA Agent & Amateurism Program. Please attach additional sheets when more space is needed.

I. Applicant Information

Applicant Name _____ Date _____

Agency/Firm _____ Website _____

Address _____

Office Phone _____ Cell _____ Fax _____

Email Address _____

Individual Twitter _____ Company Twitter _____

Individual Facebook _____ Company Facebook _____

II. Educational Background

List all undergraduate and graduate degrees.

School	Degree	Major	Date of Degree

III. Athletics Background

List all intercollegiate and professional sports participation.

Sport	School or Professional Team	Location	Dates

IV. Employment History

Provide employment history for previous 5 years. Include current and up to two previous employers.

Title	Employer	Supervisor	Supervisor Phone or Email	Dates

V. California Athlete Agent Certification

Are you registered as an athlete agent with the California Secretary of State? YES NO

Date of certification: _____

VI. Players Association Certifications

List all current players association certifications.

Association	Effective Date	Expiration Date
MLB Players Association		
NBA Players Association		
NFL Players Association		
WNBA Players Association		
International Basketball Federation (FIBA)		
Federation Internationale de Football Association (FIFA)		

VII. Professional Membership

List all professional memberships, licenses, or credentials including state bar memberships for attorneys.

Membership	Status	Effective Date	Expiration Date

VIII. Affiliations with UCLA Athletics Department

List all student-athletes, coaches, employees and vendors associated with UCLA Athletics that are related to you.

Name	Affiliation with UCLA Athletics	Relation to You

IX. Business Services Offered

Check all services that you or your company offer to athletes.

- Contract Negotiation
 Financial Planning
 Tax Planning
 Insurance Coverage
 Grievance/Arbitration
 Endorsements

Do you refer athletes to other businesses for services (e.g., financial planning, disability insurance)?

- Yes
 No

Service Provided	Business Name	Contact Person	Phone Number

Do you receive a referral fee or have an ownership stake in any of the businesses listed as referrals?

- Yes No

If yes, describe your financial arrangement with each business.

X. Clients

List all sports offered at UCLA in which you currently represent athletes or seek to represent athletes.

Name all former UCLA student-athletes that you currently represent or previously represented.

Name	Sport	Dates of Representation

Name any current UCLA student-athletes that you are interested in representing and/or have had contact with the student-athlete or family.

Name	Describe the initial contact, if any? (e.g., in person, phone call, email)	Have you had in-person contact with the student-athlete or family member?	Are you interested in representing this student-athlete in the future?
		<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"/> 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"/> 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"/> 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"/> Yes <input type="checkbox"/> No

As CA law requires, submit a copy of all initial correspondence with current UCLA student-athletes with this application.

Name two athlete clients that terminated your representation in the last five years and describe the circumstances.

Explain any potential conflicts of interest that may arise with any current UCLA student-athletes that you would like to represent.

XI. Employees

List all business associates (e.g., runners, marketing associates) and individuals acting on your behalf, or with your knowledge, that may interact with UCLA student-athletes. NONE

Name	Job Title	Planned Interaction with Student-Athletes

XII. Disciplinary History

If you or anyone listed in Section XI has ever been involved in an NCAA investigation of any kind or involved in an incident that led an institution reporting an NCAA major or secondary violation, describe the circumstances, timing, penalty and resolution.

If you or anyone listed in Section XI has ever been disciplined or sanctioned by a bar association, professional organization or government body, describe the circumstances, timing, penalty and resolution.

If you or anyone listed in Section XI has ever been arrested, convicted or pled guilty to a criminal charge, describe the circumstances, timing, penalty and resolution.

XIII. Attachments

The following items should be submitted with this form. Check all that are included.

- Current photograph or link to online photograph for applicant and Section XI employees
- Copy of California Athlete Agent Disclosure Statement (Section V)
- Copy of all Professional Sport Association Certifications (Section VI)
- Copies of initial correspondence sent to current UCLA student-athletes (Section X)
- Current client list
- Promotional materials for UCLA Agent Library

XIV. Declaration

I agree that all representations made in this application and its attachments are true and accurate as of the application date and are made for the benefit of the University of California, Los Angeles (UCLA) and its student-athletes.

I understand that the information herein is public information and may be provided by UCLA to its student-athletes, their families and administrators.

Before completing and signing this application, I read the UCLA Agent & Amateurism Program Policy. I agree to conform to this policy. Further, I certify that I understand NCAA agent rules and California agent regulations and will not engage in any activity that could jeopardize a UCLA student-athlete's intercollegiate athletics eligibility.

I understand that failure to comply with the terms of this registration, applicable NCAA or California state legislation may result in the suspension of my registration, the initiation of legal proceedings by UCLA against me and/or my agents, employees and affiliates and the assessment of civil and/or criminal penalties against me.

Applicant Signature

Date

Return completed forms and direct questions about the Agent & Amateurism Program to:

Matt Elliott
UCLA Athletics Compliance Department
J.D. Morgan Center
P.O. Box 24044
Los Angeles, CA 90024-0044
melliott@athletics.ucla.edu
310-825-2164 (phone)
310-206-4269 (fax)