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KANSAS SECRETARY OF STATE
Athlete Agent Registration Application

SUBMIT THE DOCUMENTS
WITHOUT THIS PAGE

INSTRUCTIONS FOR FILING
ATHLETE AGENT REGISTRATION

Note: All documents filed by the Secretary of State's office are considered public record and may be viewable online.

Note before submitting: The application does not "renew" the registration of an athlete agent. Once filed, an expiration date will be issued for the registration two years after the date of filing. This will not influence any other registrations that were previously filed and possibly still active (e.g. The athlete agent has a registration that expires this upcoming month. If a new application is received and filed on today's date, the new expiration date will be two years from today's date, and the other registration will still appear on file with that registration expiring this upcoming month.)

How to complete the Athlete Agent Registration:

Each of the numbered instructions below corresponds to a section on the form.

1. Provide the full name of the athlete agent. This will be the name that appears on the certificate issued once the application is filed.
2. Provide the address where the athlete agent may be regularly reached.
3. Provide the telephone number where the athlete agent may be regularly reached.
4. Provide the name of the employer of the athlete agent. Leave this question blank if the athlete agent is self-employed.

Appendix A. List the occupation(s) that the athlete agent has engaged in for the last five years, including the job title, address of the business, dates of employment, the name of the supervisor, and the duties performed.

Appendix B. Provide the formal training, practical experience, and educational background relating to the professional activities as an athlete agent. Include as much detail as possible about each.

Appendix C. List the names and addresses of three individuals not related to the applicant who are willing to serve as references.

Appendix D. Provide the name of the athlete, sport the athlete participates in, and last team the athlete played for that the applicant either currently represents or has represented in the last 5 years. Provide an attachment if more room is needed. Leave blank if the applicant has not represented any athletes in the last 5 years.

Appendix E. List the names and addresses of the people who are considered either partners, members, officers, managers, associates, profit-sharers, directors, or shareholders of the business. Leave blank if the applicant is not employed by a business or is operating as a sole proprietorship.

Appendix F. Answer all six questions. If any of the responses is "yes," also provide a detailed explanation attached to this application. Be sure to provide specific details and dates.

Certificate of Reciprocity. This certificate may be completed and submitted if an already filed athlete agent registration has been approved in a different state. Submit this certificate with a signed copy of the application from a different state. Compare the information required by Appendices A-F to that application. If the application is missing the information required by that appendix, submit that appendix with the Certificate of Reciprocity.

Fee Schedule

Athlete Agent Registration Application

The filing fee for the Athlete Agent Registration Application is as follows:

Application paper filing:..... \$515

Mail to:

Kansas Secretary of State
Docking State Office Building
915 SW Harrison Street
Topeka KS 66612

Checks and credit/debit cards are accepted for payment. Make checks payable to the Kansas Secretary of State. Once processing the Athlete Agent Registration Application is completed, a certified certificate will be mailed to the address of the sender.

Please proceed to form.

CREDIT/DEBIT CARD COVER PAGE

ONLY INCLUDE **ONE** CREDIT/DEBIT CARD COVER PAGE
WHEN SUBMITTING MULTIPLE DOCUMENTS.

THE CREDIT/DEBIT CARD CAN BE CHARGED FOR ALL FEES DUE.

Note: The credit/debit card information will be destroyed upon the filing of the document.

Contact Information

Contact Person

Direct Phone Number for Contact Person

Payment Information

Name on Card

Credit/Debit Card Number

Expiration Date (MM/YY)

CVV (3 or 4 digit security code on back of card)

Billing Zip Code

AA

KANSAS SECRETARY OF STATE
Athlete Agent Registration Application



Kansas Secretary of State
Docking State Office Building
915 SW Harrison Street
Topeka, KS 66612

(785) 296-4564
kssos@ks.gov
<https://sos.ks.gov>

This application must be submitted with Appendices A-F.

1. Name of applicant:

Must be an individual

2. Applicant's principal place of business address:

Street Address

City

State

Zip

Street Address		
City	State	Zip

3. Phone number:

4. Name of applicant's business or employer:

If applicable

AA**KANSAS SECRETARY OF STATE
Athlete Agent Registration****Appendix A****Use additional sheets as necessary.**

List the business(es) or occupation(s) the applicant engaged in for the five (5) years immediately preceding the date of this application or renewal request.

Business or occupation			
Address			
City		State	Zip
Dates		Name of supervisor	
Duties			
Business or occupation			
Address			
City		State	Zip
Dates		Name of supervisor	
Duties			
Business or occupation			
Address			
City		State	Zip
Dates		Name of supervisor	
Duties			

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**KANSAS SECRETARY OF STATE
Athlete Agent Registration**

Appendix B

Use additional sheets as necessary.

List all of the applicant's formal training, practical experience and educational background relating to professional activities as an athlete agent.

1. Formal Training

Description/dates/location/contact (include phone number):

2. Practical experience

Description/dates/location/contact (include phone number):

3. Educational background

School(s)/dates/degree or certification:

AA**KANSAS SECRETARY OF STATE
Athlete Agent Registration****Appendix C**

List the names and addresses of three (3) individuals not related to the applicant willing to serve as references.

Name		
Address		
City	State	Zip
Name		
Address		
City	State	Zip
Name		
Address		
City	State	Zip

AA**KANSAS SECRETARY OF STATE
Athlete Agent Registration****Appendix D****Use additional sheets as necessary.**

List the name, sport and last team for each individual for whom the applicant acted as an athlete agent during the five (5) years immediately preceding the date of this application or renewal request.

Name	
Sport	Last team
Name	
Sport	Last team
Name	
Sport	Last team
Name	
Sport	Last team
Name	
Sport	Last team
Name	
Sport	Last team
Name	
Sport	Last team
Name	
Sport	Last team

AA**KANSAS SECRETARY OF STATE
Athlete Agent Registration****Appendix E****Use additional sheets as necessary.**

List the names and address of all persons who are partners, members, officers, managers, associates or profit-sharers with respect to the athlete agent's business if it is not a corporation. If the applicant is employed as an athlete agent by a corporation, list the names and addresses of all officers and directors, and any shareholder who own a five percent (5%) or greater interest in the corporation.

Name		
Address		
City	State	Zip
Name		
Address		
City	State	Zip
Name		
Address		
City	State	Zip
Name		
Address		
City	State	Zip

Use additional sheets as necessary.

Please answer each of the following questions with regard to the applicant and each person identified in Appendix E. **If any question is answered yes, please provide a detailed explanation on a separate sheet.**

1. Has the conduct of the applicant or any person identified in Appendix E resulted in the imposition of a sanction, suspension or declaration of ineligibility of a student-athlete or educational institution to participate in an interscholastic or intercollegiate athletic event? Yes No
2. Has the applicant or any person identified in Appendix E ever been sanctioned, suspended or disciplined as a result of occupational or professional conduct in any state? Yes No
3. Has the applicant or any person identified in Appendix E ever had an athlete agent application or renewal request denied in any state? Yes No
4. Has the applicant or any person identified in Appendix E ever had an athlete agent registration or license suspended or revoked in any state? Yes No
5. Has the applicant or any person identified in Appendix E ever been convicted of a felony, or of a misdemeanor involving moral turpitude? Yes No
6. Has the applicant or any person identified in Appendix E ever been administratively or judicially determined to have made false, misleading, deceptive or fraudulent representation? Yes No

I declare under penalty of perjury under the laws of the State of Kansas that the foregoing application is true and correct.

Signature of Applicant

Month

Day

Year

X

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KANSAS SECRETARY OF STATE
Athlete Agent Registration
Certificate of Reciprocity



Do not submit this certificate if completing the Application (1st page).

Submit this certificate with the following:

1. The application that was accepted in the non-Kansas state within the last 6 months.
2. The certificate issued by the non-Kansas state.
3. If the non-Kansas application is missing information required by Appendices A-F, submit that appendix.

CERTIFICATE OF RECIPROCITY

I, the undersigned applicant for athlete agent registration in the State of Kansas, declare under penalty of perjury pursuant to the laws of the State of Kansas that the attached copy of the application of, and certificate of registration or licensure issued by, the State of _____ was submitted to said state within six (6) months of the date of this Certificate of Reciprocity; that the information therein is current; that the information therein is similar to or more comprehensive than that required by the State of Kansas for athlete agent registration; and that said state's application was signed under penalty of perjury.

Signature of Applicant	Month	Day	Year
X			