



(Please print or type)

1) General

Name: _____ Date of Birth: _____

SS#: _____ Phone: (____) _____

If affiliated with a particular firm or agency as a player-agent, please indicate:

Name of Firm/Agency: _____

Business Address: _____

_____ (____)

City State Zip Business Phone

(____) _____ (____) _____

Cell Phone Fax

E-mail

II) Education

High School:

Name: _____ Year Graduated: _____

City State

College:

Name: _____

City State

Degree(s) and Year Graduated: _____

Graduate/Legal:

College/University: _____

City State

Degree(s) and Year Graduated: _____

Admitted to Bar (If Applicable)

Yes____ No____ State_____ Date_____

In receiving compensation for contract negotiations 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 West Virginia University athletes, that you previously or currently represent and, in team sports, the team/league to which each athlete is currently under contract and the name of the team representative with whom you negotiated this 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:

<u>Player Name</u>	<u>Team</u>	<u>Client’s Phone</u>	<u>Team Rep.</u>

Please list the names of any West Virginia University student-athletes that you wish to contact:

Do you earn income from work performed in some capacity other than as a player agent? _____

If yes, please describe the other occupation or services for which you are paid:

VI) Previous Employment

Firm: _____	Position/Date: _____
Address: _____	City/State: _____
Firm: _____	Position/Date: _____
Address: _____	City/State: _____

VII) References (3)

(1) Name: _____	Phone: (____) _____
Address: _____	City/State: _____

(2) Name: _____ Phone: (____) _____

Address: _____ City/State: _____

(3) Name: _____ Phone: (____) _____

Address: _____ City/State: _____

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

Furthermore, I have reviewed NCAA rules and regulations and have not engaged 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 West Virginia University against me and the assessment of civil and/or criminal penalties to me.

Signature: _____ Date: _____

Please enclose the following information with your application:

- 1. Verification of Certification with the appropriate Player Association**
- 2. Resume of Experience**
- 3. Services provided by your company (including fee structure, are fees negotiable, etc.)**
- 4. List of current and former clients**
- 5. Listing of the name(s) and sport(s) of the West Virginia University student-athletes with whom you wish to contact (If the list of current student-athletes you are interested changes, please notify the WVU Compliance Office in writing.)**
- 6. Copy of License Verifying that you are registered with the State of West Virginia**

Return completed form to: Compliance Office
Department of Intercollegiate Athletics
West Virginia University
PO Box 0877
Morgantown, WV 26507-0877
Phone: (304) 293-4281
Fax: (304) 293-3035