

**WEST VIRGINIA UNIVERSITY COMPLIANCE PROGRAM
AGENT REGISTRATION FORM**

Name of Agent: _____

Name and Address of Agency:

Telephone Number: _____

Fax: _____

Email Address: _____

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**

For Office Use Only

Reviewed by: _____

Date: _____