

Wisconsin Department of Safety and Professional Services

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DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

RENEWAL APPLICATION FOR ATHLETE AGENT REGISTRATION

Under Wisconsin law, the Department must deny your application if you are liable for delinquent state taxes or child support (sec. 440.12, Stats.).

PLEASE TYPE OR PRINT IN INK Your name and address are available to the public.
 Check box to withhold street address/PO Box number from lists of 10 or more credential holders (Wis. Stat. § 440.14)

Last Name	First Name	MI	Former / Maiden Name(s)
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Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth ____ month ____ day ____ year	Daytime Telephone Number (____) _____ - _____
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Ethnic/gender status information is optional. Sex: M F Ethnic: White, not of Hispanic origin Black, not of Hispanic origin Hispanic American Indian or Alaskan Asian or Pacific Islander Other

Have you ever held a license/credential in the state of Wisconsin? ____ Yes ____ No (please indicate)
If yes, provide your Wisconsin license/credential number. _____

The athletic agent license expires on July 1 of the even-numbered year. It may be renewed for a two year period at that time.

QUALIFICATION: Mark an X in ONE space indicating how you qualify:

- Renewal Application for Athlete Agent Registration (Form #2733)
 Reciprocal/licensed in another state - Renewal application and certificate of registration attached.

Application Fees: Please make check payable to the Department of Safety and Professional Services and attach to application.

- \$107 Renewal fee

For Receipting Use Only

Wisconsin Department of Safety and Professional Services

STATEMENT OF ARREST OR CONVICTION:
MARK AN X IN THE APPROPRIATE BOX

	If you answer YES to any question, give all details on a separate sheet.	YES	NO
A.	Have you or any of the persons listed on page 5 ever been convicted of a misdemeanor or a felony, or driving while intoxicated (DWI) in this or any other state, OR are criminal charges or DWI charges pending against you? <u>If YES, complete and attach Form #2252 with all required documentation.</u>	<input type="checkbox"/>	<input type="checkbox"/>
B.	Has there been any denial of an application for, suspension or revocation of, or refusal to renew, the registration or licensure of the application for you or any of the persons listed on page 5 as an athlete agent.	<input type="checkbox"/>	<input type="checkbox"/>
C.	Has any licensing or credentialing agency ever taken any disciplinary action against you or any of the persons listed on page 5 including but not limited to any warning, reprimand, sanction, suspension, probation, limitation or revocation? If YES attach a sheet providing details about the action, including the name of the credentialing agency and date of action.	<input type="checkbox"/>	<input type="checkbox"/>
D.	Is disciplinary action pending against you or any of the persons listed on page 5 in any jurisdiction? If YES, attach a sheet providing details about the action, including the name of the agency and status of action.	<input type="checkbox"/>	<input type="checkbox"/>
E.	Have you or any of the persons listed on page 5 ever engaged in conduct that resulted in the imposition of a sanction, suspension or declaration of ineligibility to participate in an interscholastic or intercollegiate athletic event on a student athlete or educational institution? If YES, attach a sheet providing explanation signed and dated by the applicant including specific dates and submit copies of all letters of inquiry and resolution.	<input type="checkbox"/>	<input type="checkbox"/>
F.	Have you or any of the persons listed on page 5 ever been the subject of any administrative or judicial determination that the person has made a false, misleading, deceptive or fraudulent representation. If YES, attach a sheet signed and dated by the applicant explaining the circumstances of each incident, a copy of the complaint that states the charges and allegations and a copy of the final judgment that establishes resolution of the charges.	<input type="checkbox"/>	<input type="checkbox"/>
G.	Do you currently hold, or have you or any of the persons listed on page 5 in the past held any credential (license) issued by the Department of Safety and Professional Services or any of the Boards? If YES, what type of credential? _____ And if another name, what name? _____	<input type="checkbox"/>	<input type="checkbox"/>

CONTINUING DUTY OF DISCLOSURE

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that Credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

AFFIDAVIT OF APPLICANT

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I've provided to the Department of Safety and Professional Services change.

Applicant Signature: _____ Date: _____

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APPLICANT'S BUSINESS OR EMPLOYER (If you work alone, list your own name and address.)

Name of Principal Place of Business			
Address of Principal Place of Business			
City	State	Zip Code	Business Telephone Number

I am an employee. Title: _____

Business Structure - check one and submit the disclosure of company owners, partners, officers on page 4

- Individual Proprietor
- Corporation
- Partnership
- Other (Specify _____)

NOTE: The Wisconsin Department of Safety and Professional Services only licenses individuals for this profession. Each person acting as an athlete agent in Wisconsin must be licensed in this state. Listing the business entry in this section and then providing the officers, partners and/or members on page 4 does not license the business nor does it entitle any of the individuals listed on page 4 to act as an athlete agent. Only the person applying for licensure can act as an athlete agent in Wisconsin when licensed.

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DISCLOSURE OF COMPANY OWNERS, PARTNERS, OFFICERS

NAME OF COMPANY: _____

An applicant for a license must provide the following information:

- **Individual Proprietor:** Provide the name and address of the Owner.
- **Partnership:** Provide the name and address of all General Partners and Limited Partners.
- **Corporation, LLC, Trust, Other:** Provide the name and address of all elected Officers, Directors, Governors, Members, Shareholders owning 5% or more of company stock, and any Managers/Associates/Employees with authority to exercise control in policy or management of the company.

If any owner or partner is also business entity, you must complete this form to disclose the owners/partners/officers/shareholders of that business entity as well.

Name		
Address	City, State, Zip	
Title (check one) <input type="checkbox"/> 100% Owner <input type="checkbox"/> Elected Officer (title: _____) <input type="checkbox"/> Shareholder (Percentage of Ownership: _____)		
<input type="checkbox"/> General Partner <input type="checkbox"/> Director <input type="checkbox"/> Manager/Associate/Employee with controlling authority		
<input type="checkbox"/> Limited Partner <input type="checkbox"/> LLC Governor/Member		

Name		
Address	City, State, Zip	
Title (check one) <input type="checkbox"/> 100% Owner <input type="checkbox"/> Elected Officer (title: _____) <input type="checkbox"/> Shareholder (Percentage of Ownership: _____)		
<input type="checkbox"/> General Partner <input type="checkbox"/> Director <input type="checkbox"/> Manager/Associate/Employee with controlling authority		
<input type="checkbox"/> Limited Partner <input type="checkbox"/> LLC Governor/Member		

Name		
Address	City, State, Zip	
Title (check one) <input type="checkbox"/> 100% Owner <input type="checkbox"/> Elected Officer (title: _____) <input type="checkbox"/> Shareholder (Percentage of Ownership: _____)		
<input type="checkbox"/> General Partner <input type="checkbox"/> Director <input type="checkbox"/> Manager/Associate/Employee with controlling authority		
<input type="checkbox"/> Limited Partner <input type="checkbox"/> LLC Governor/Member		

Name		
Address	City, State, Zip	
Title (check one) <input type="checkbox"/> 100% Owner <input type="checkbox"/> Elected Officer (title: _____) <input type="checkbox"/> Shareholder (Percentage of Ownership: _____)		
<input type="checkbox"/> General Partner <input type="checkbox"/> Director <input type="checkbox"/> Manager/Associate/Employee with controlling authority		
<input type="checkbox"/> Limited Partner <input type="checkbox"/> LLC Governor/Member		

_____ Signature of Applicant	_____ Date
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EMPLOYMENT HISTORY

Provide employment history for the five (5) years preceding the date of this application. (Attach additional pages if necessary.)

Employer		Position Title	
Address	City	State	Zip
Dates of Employment From _____ / _____ / _____ To _____ / _____ / _____		DESCRIPTION OF DUTIES	

Employer		Position Title	
Address	City	State	Zip
Dates of Employment From _____ / _____ / _____ To _____ / _____ / _____		DESCRIPTION OF DUTIES	

Employer		Position Title	
Address	City	State	Zip
Dates of Employment From _____ / _____ / _____ To _____ / _____ / _____		DESCRIPTION OF DUTIES	

FORMAL TRAINING

Does the applicant have formal training as an athlete agent? <input type="checkbox"/> Yes <input type="checkbox"/> No 	
If yes, when was formal training obtained? From _____ / _____ / _____ to _____ / _____ / _____	
Name of training facility: _____ Location: _____	
Provide a description of the formal training:	

PRACTICAL EXPERIENCE

Does the applicant have practical experience as an athlete agent? <input type="checkbox"/> Yes <input type="checkbox"/> No 	
If yes, when was practical experience obtained? From _____ / _____ / _____ to _____ / _____ / _____	
At what business was practical experience obtained: _____ Location: _____	
Provide a description of the practical experience:	

EDUCATIONAL BACKGROUND

Does the applicant have educational background related to activities as an athlete agent? <input type="checkbox"/> Yes <input type="checkbox"/> No 	
If yes, when was educational background obtained? From _____ / _____ / _____ to _____ / _____ / _____	
Name of educational facility: _____ Location: _____	
Provide a description of the educational background:	

