



Fresno State Athletics

Player-Agent Registration Form

The completion of this form is required to be recognized as a registered agent by the Fresno State Athletic Department.

NOTE: This form must be completed in its entirety.

I) General (please print or type)

Name: _____ Date of Birth: _____

Phone: _____ Name of Agency: _____

Address: _____
Street

_____ City State Zip

E-mail: _____

II) State Registration

Date registered with the Secretary of State of California: _____

* You will have to provide proof of state registration in order to conduct any activities as an agent with Fresno State student-athletes.

State Registration #: _____

Current membership in professional organizations: _____

Occupational or professional licenses and date obtained: _____

Please return this form to:
Fresno State Athletics - Compliance Office
1620 E. Bulldog Lane OF 87
Fresno, CA 93740

Office Use Only:
State Registration?
Yes _____ No _____ Date _____

Approved?
Yes _____ No _____
Initial _____