

Sports in which you currently represent athletes and total number of athletes in each sport:

_____	_____
_____	_____
_____	_____
_____	_____

IV) Other Qualifications

Current membership in professional organizations: _____

Occupational or professional licenses (e.g., certified public accountant, chartered life underwriter) and date obtained: _____

Are you currently registered by the State of Florida as a player-agent? _____ Yes _____ No

If Yes, what is your Florida Agent Registration Number _____

Are you currently certified by the NFLPA? _____ Yes _____ No Permanent Provisional
(Circle one)

Are you currently certified by the NBPA? _____ Yes _____ No Permanent Provisional
(Circle one)

Are you currently certified by the MLBPA? _____ Yes _____ No Permanent Provisional
(Circle one)

V) Professional Services

General services performed for client-athletes (check those that apply and indicate fee charged:

Playing contract negotiations: _____ Yes _____ No Hourly fee or percentage: _____

Endorsement contract negotiations: _____ Yes _____ No Hourly fee or percentage: _____

Legal Assistance _____ Tax Consulting _____

Financial Planning _____ Money Management _____

If yes, describe other occupation(s) or service(s) for which you are paid:

What approximate percentage of your total work time is consumed as a player-agent: _____

VI) Previous Employment (last two positions and dates of employment)

Firm _____ Position/Date _____

Address: _____
City _____ State _____

Firm _____ Position/Date _____

Address: _____
City _____ State _____

VII) References

Name _____ Position _____

Address: _____
City _____ State _____

Name _____ Position _____

Address: _____
City _____ State _____

Name _____ Position _____

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 Bob Minnix before the first contact with a student-athlete who has eligibility remaining in any sport and is enrolled in the Florida State University or before the first contact with the student-athlete's coach and that I have reviewed the NCAA rules and regulations that accompany this form will not and/or have not engaged in any activity prior to a student-athlete's agreement to be represented that would otherwise 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 the Florida State University against me and the assessment of civil and/or criminal penalties to me.

Signature: _____ Date: _____

Return Completed Form To:

Bob Minnix
Senior Associate Athletics Director
Florida State University Athletics
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Tallahassee, FL 32316
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