

ROBERT B. EVNEN
 Secretary of State
 402-471-8606 (Phone)



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 Lincoln, NE 68508
 402-471-2530 (Fax)

NEBRASKA APPLICATION FOR REGISTRATION OF ATHLETE AGENT

Please complete the following questions. If additional space is needed for any question, you may attach a separate sheet to the application.

DATE _____

1. APPLICANT INFORMATION

Applicant Last Name:	Applicant First Name:	Applicant Middle Name:	
Address of Applicant's Place of Business:			
City:	State:	Zip Code:	Daytime Phone Number:
Name of Applicant's Business or Employer, if applicable:			

2. EMPLOYMENT HISTORY

List any Business or Occupation engaged in for the five years preceding the date of submission of this application. (Attach additional sheets if necessary)			
Employer:	Position/Title:	Dates of employment	From: ____/____/____ To: ____/____/____
Address:	City:	State:	Zip Code:
Description of Duties:			
Employer:	Position/Title:	Dates of employment	From: ____/____/____ To: ____/____/____
Address:	City:	State:	Zip Code:
Description of Duties:			
Employer:	Position/Title:	Dates of employment	From: ____/____/____ To: ____/____/____
Address:	City:	State:	Zip Code:
Description of Duties:			

3. FORMAL TRAINING

Does the applicant have formal training as an athlete agent? YES NO

If yes, when was the formal training obtained? From: ____/____/____ To: ____/____/____

Name of Training Facility: _____ Location: _____

Provide a description of the formal training:

4. PRACTICAL EXPERIENCE

Does the applicant have practical experience as an athlete agent? YES NO

If yes, when was the practical experience obtained? From: ____/____/____ To: ____/____/____

Name of Business: _____ Location: _____

Provide a description of the practical experience:

5. EDUCATIONAL BACKGROUND

Does the applicant have any educational background related to activities as an athlete agent? YES NO

If yes, when was the educational background obtained? From: ____/____/____ To: ____/____/____

Name of Educational Facility: _____ Location: _____

Provide a description of the educational background:

6. REFERENCES

List the names and addresses of 3 individuals not related to the applicant who are willing to serve as references.

Name:

Address:

Name:

Address:

Name:

Address:

7. PRIOR CLIENTS

Has the applicant acted as an athlete agent during the five years preceding the submission YES NO date of this application?

If yes, provide the name, sport and team for each individual for whom you acted as an athlete agent during the five years prior to this application. (Attach additional sheets if necessary)

Athlete Name	Sport	Last Known Team

8. APPLICANT'S PRINCIPAL PLACE OF BUSINESS

Name of Principal Place of Business or Employer:

Address:

City: State: Zip Code: Phone Number:

Business Structure of Principal Place of Business Individual Partnership LLC Corporation (Check one and submit the required attachments)

If a corporation, list on a separate sheet the name(s) and address(es) of all officers, directors, and any shareholders of the corporation having an interest of five percent or greater.

If not a corporation, list on a separate sheet the name(s) and address(es) of the partners, members, officers, managers, associates, or profit-sharers of the business.

