

# Virginia Tech

## AGENT REGISTRATION FORM

The completion of this form **in its entirety** is required for registration in the Virginia Tech Student-Athlete Agent Program. [PLEASE PRINT OR TYPE]

### I) GENERAL INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

SS#: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Home Address: \_\_\_\_\_  
City State Zip

**If affiliated with a particular firm or agency, please indicate:**

Name of Firm/Agency: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_ (\_\_\_\_)  
City State Zip Business Phone

### II) PROFESSIONAL SERVICES

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

Playing  
Contract Negotiations: Yes \_\_\_\_\_ No \_\_\_\_\_ Percentage or Hourly Fee: \_\_\_\_\_

Endorsement  
Contract Negotiations: Yes \_\_\_\_\_ No \_\_\_\_\_ Percentage or Hourly Fee: \_\_\_\_\_

Legal Assistance: Yes \_\_\_\_\_ No \_\_\_\_\_ Percentage or Hourly Fee: \_\_\_\_\_

Financial Planning: Yes \_\_\_\_\_ No \_\_\_\_\_ Percentage or Hourly Fee: \_\_\_\_\_

Tax Consulting: Yes \_\_\_\_\_ No \_\_\_\_\_ Percentage or Hourly Fee: \_\_\_\_\_

Money Management: Yes \_\_\_\_\_ No \_\_\_\_\_ Percentage or Hourly Fee: \_\_\_\_\_

**If any other individuals, firms or agencies assist you in providing these services for client-athletes, please list their names and addresses:**

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Name City State

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Name City State

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Name City State

**Please list the names of athletes that you previously represented or currently represent. For those athletes involved in team sports, please list the team/league to which each athlete is currently under contract. Write "none" if you currently do not represent any athletes. If you represent athletes in more than one sport, please provide information for at least three clients (athletes) in each sport. Use additional sheets as necessary.**

Player's Name Team Client's Phone #

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### III) EXPERIENCE

**Number of years experience as an agent/representative:** \_\_\_\_\_

**Please list the sports in which you currently represent athletes, and the total number of athletes in each sport:**

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IV) EDUCATION

**High School**

Name: \_\_\_\_\_  
City State

**College (Undergraduate)**

School Name: \_\_\_\_\_  
City State

Degree(s) and Year Graduated: \_\_\_\_\_

**Graduate/Legal**

College/University: \_\_\_\_\_

**Admitted to Bar (If applicable)**

Yes \_\_\_\_\_ No \_\_\_\_\_  
State Date Admitted to Bar

V) OTHER QUALIFICATIONS

**Current membership in professional organizations:** \_\_\_\_\_

**Occupational or professional licenses (certified public accountant, chartered life underwriter, etc.) and date obtained:** \_\_\_\_\_

**Are you currently registered with any other state as an agent/representative?** \_\_\_\_\_  
Yes No

**Are you currently certified by the NFLPA?** \_\_\_\_\_  
Yes No Permanent Provisional  
(Circle One)

If no, please explain why: \_\_\_\_\_

**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)



**Please indicate which current Virginia Tech student-athlete(s) you plan to contact:**

_____	_____
_____	_____
_____	_____
_____	_____

I certify that the above information is true, correct and complete to the best of my knowledge. Further, I certify that I will notify Shauna Cobb, Assistant Director of Athletics for Compliance, before my first contact with any student-athlete who has eligibility remaining and is enrolled at Virginia Tech.

In addition, I have reviewed the NCAA regulations regarding agents, as well as the policies and procedures contained in the Virginia Tech Student-Athlete Agent Program. I have not engaged in any activity or behavior that would jeopardize a student-athlete's collegiate eligibility.

I certify that I will comply with the policies of the Virginia Tech Student-Athlete Agent Program and all applicable NCAA legislation. I understand that failure to do so will result in the initiation of proceedings to disassociate me from Virginia Tech, as well as prevent any other person(s) representing my firm or company from contacting Virginia Tech student-athletes in the future.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***Please Return Completed Form to:***

**Bert Locklin  
Director of Athletics Compliance  
Virginia Tech  
356 Jamerson Athletic Center  
Blacksburg, VA 24061**