



**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.

