



New Mexico Secretary of State  
 325 Don Gaspar – Suite 300  
 Santa Fe, New Mexico 87503  
 Elections Division  
 505.827.3600  
 www.sos.state.nm.us

**ATHLETE AGENT REGISTRATION APPLICATION**

NEW APPLICATION

DATE: \_\_\_\_\_

RENEWAL

This application must be completed to apply for a certificate of registration of an athlete agent in New Mexico pursuant to *section 61-14F-5 NMSA 1978*. Registration fee is \$250.00 for initial application for registration; money order, check should be made payable to the New Mexico Secretary of State. Pursuant to *section 61-14F-5 (B) NMSA 1978* an individual who has submitted an application for and holds a certificate of registration or licensure as an athlete agent in another state may submit a copy of the application and certificate in lieu of submitting this registration form. The Secretary of State will accept the application and the certificate from the other state as an application for registration in New Mexico if the application from the other state has met the following requirements: (1) was submitted in the other state within six months next preceding the submission of the application in this state and the applicant certifies that the information contained in the application is current; (2) contains information substantially similar to or more comprehensive that required in application submitted in this state; and (3) was signed by the applicant under penalty of perjury.

**Please Print or Type (Illegible Applications will be returned)**

1. \_\_\_\_\_  

Applicant First Name	Applicant Last Name	Social Security Number
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2. \_\_\_\_\_  

Address of the applicant's principal place of business	City	State	Zip Code
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3. \_\_\_\_\_  
 Name of applicant's business or employer (if applicable)
4. List any business or occupation engaged in by the applicant for the five years next preceding the date of submission of the application.

Business Name	Address	Business Phone	Date in Position	Supervisor's Name
Business Name	Address	Business Phone	Date in Position	Supervisor's Name
Business Name	Address	Business Phone	Date in Position	Supervisor's Name
Business Name	Address	Business Phone	Date in Position	Supervisor's Name
Business Name	Address	Business Phone	Date in Position	Supervisor's Name

5. Describe the applicant's training, experience, and education relating to the applicant's activities as an athlete agent: (Attach additional pages as needed)

(a) Formal training as an athlete agent	(b) Practical experience as an athlete agent	(c) Education background relating to the applicant's activities as an athlete agent

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

Name	Address	City	State	Zip Code
Name	Address	City	State	Zip Code

Name	Address	City	State	Zip Code
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7. List the name, sport and last known team of each individual for whom the applicant has acted as an athlete agent during the five years next preceding the date of the submission of this application. (Attach additional pages as needed)

Name	Sport	Last Known Team	Dates of Representation

**8. Disclosure of associations/affiliates:**

<p>(a) If the applicant's business is <u>NOT a corporation</u>, list the partners, members, officers, managers, associate or profit sharers of the business:</p>	<p>(b) If the applicant is employed by a corporation, list the officers, the directors and any shareholder of the corporation that has an ownership interest of five per cent or more in the corporation.</p>

9. Has the applicant or any person listed in box #8 above been convicted of a crime that, if committed in New Mexico would be a crime involving moral turpitude or a felony? If yes, list each specific criminal conviction. YES \_\_\_\_\_ NO \_\_\_\_\_

10. Has there been any administrative or judicial determination that the applicant or any person listed in the above #8 section has made a false, misleading, deceptive or fraudulent representation? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, list each specific determination, the court or administrative body that made each determination, and the date of each determination.

11. List every instance in which the applicant's conduct or that of any person listed in section #8 above resulted in the imposition of a sanction, suspension or declaration of ineligibility to participate in an interscholastic or intercollegiate athletic event on a student athlete or an educational institution:

12. List every sanction, suspension or disciplinary action that has been taken against the applicant or any person named in section #8 above and that arose out of occupational or professional misconduct:

13. Has there been any denial of an application, suspension or revocation of or refusal to renew a registration of the applicant or any person named in section #8? YES \_\_\_\_\_ NO \_\_\_\_\_  
If yes, please describe.

14. Have you engaged in conduct that significantly or adversely reflects on your credibility, honesty or integrity? YES \_\_\_\_\_ NO \_\_\_\_\_  
If yes, please describe.

15. Have you ever engaged in conduct that would disqualify you from serving in a fiduciary capacity? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes please describe:

### OATH

I, the undersigned, being duly sworn and under penalty of perjury, swear that the information contained herein is true, complete and correct to the best of my knowledge. I am aware that, should an investigation at any time disclose any such falsification or misrepresentation my application could be rejected; my certification revoked and could subject me to criminal prosecution.

Applicant Signature \_\_\_\_\_

Printed Name of Applicant \_\_\_\_\_

Date \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

Signed and sworn to before me on \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_.

SEAL

Notary Public Signature \_\_\_\_\_

My Commission Expires: \_\_\_\_\_