

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
Fax #: (608) 251-3036
Phone #: (608) 266-2112

Office Location: 4822 Madison Yards Way
Madison, WI 53705
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

INFORMATION FOR ATHLETE AGENT INITIAL OR RENEWAL APPLICATION

INITIAL APPLICANTS (original Wisconsin registration **not** based on reciprocity): Applicants not registered in another state at the time of application for original registration in Wisconsin should use this form (#2668) to obtain an initial credential and for credential renewal [Wis. Stat. § [440.9915\(1\)](#) and Wis. Admin. Code § [SPS 151.02](#)].

AN APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

1. **Athlete Agent Initial and Renewal Application (Form #2668)**
2. **Initial Credential Fee** Fee must accompany the completed application. Make check or money order payable to Department of Safety and Professional Services. To pay by credit card see [Form #3071](#).
3. **Convictions and Pending Charges** (if applicable): Per [Wis. Stat. § 440.9915\(1\)\(h\)](#), if you or any of the persons you list on page 6 have ever been convicted of, or have charges pending for, a crime that, if committed in this state, would be a felony, attach a sheet providing a description of the crime, the law enforcement agency involved, and, if applicable, the date of the conviction and the fine or penalty imposed. (A crime punishable by imprisonment is a felony. See [Wis. Stat. § 939.60](#).)

NOTE: The Wisconsin Department of Safety and Professional Services only licenses individuals for this profession. Each person acting as an athlete agent in Wisconsin must be registered in this state. Listing a business entity on the application and providing the officers, partners and/or members on page 6 does not license the business nor does it entitle any of the individuals listed on page 6 to act as an athlete agent. Only the person applying for licensure can act as an athlete agent in Wisconsin when licensed.

RECIPROCAL APPLICANTS: Applicants registered in another state at the time of application for original registration in Wisconsin and who wish to obtain a Wisconsin credential based on reciprocity do not use this form. Use Form [#3668](#). [Wis. Stat. § [440.9915\(2\)](#) and Wis. Admin. Code § [SPS 151.04](#)]. If a Wisconsin credential is obtained via reciprocity, Form [#3668](#) should also be used for renewal.

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DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

ATHLETE AGENT REGISTRATION FOR INITIAL OR RENEWAL APPLICATION

The Department must deny your application if you are liable for delinquent state taxes, UI contributions, or child support (Wis. Stat. §§ 440.12 and 440.13).

PLEASE TYPE OR PRINT IN INK Your name, address, phone number, and e-mail address are available to the public. Check box to withhold street address or PO Box, phone number, and e-mail address from lists of 10 or more credential holders (Wis. Stat. § 440.14).

Last Name _____	First Name _____	MI _____	Former / Maiden Name(s) _____
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Address (street) _____	(city) _____	(state) _____	(zip code) _____	Daytime Telephone Number ____-____-_____
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Mailing Address (if different) (street) _____	(city) _____	(state) _____	(zip code) _____	Fax Number ____-____-_____
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Date of Birth ____/____/____	Place of Birth _____	Cell Phone Number ____-____-_____
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Social Security Number ____-____-_____	Your Social Security Number must be submitted with your application on this form. If you do not have a Social Security Number, you must complete Form #1051 . The Department may not disclose the Social Security Number collected except as authorized by law.
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Ethnicity/gender status information is optional. Gender: <input type="checkbox"/> M <input type="checkbox"/> F	ETHNICITY: <input type="checkbox"/> White, not Hispanic origin <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Hispanic <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other
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Have you ever been licensed in Wisconsin as an Athlete Agent? Yes No If yes, list your credential number: _____

Select one: Initial application Renewal application

- Applicants not registered in another state at the time of application for original registration in WI should use this form (#2668) (initial & renewal).
- Applicants registered in another state at the time of application for original registration in WI and who wish to obtain or have obtained a Wisconsin credential based on reciprocity should use this form ([#3668](#)) (initial & renewal).

E-mail Address

APPLICANT'S BUSINESS OR EMPLOYER (If you work alone, list your own name and address.)

Name of Principal Place of Business _____	Business Telephone Number ____-____-_____
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Address of Principal Place of Business (street, city, state, zip code) _____	Business FEIN ____-____-_____
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I am an employee. Title _____

Business Structure (Check one.) Corporation Partnership Individual Proprietor Other

List Personal and Business/Employer Internet Sites

List each social media account with which applicant or applicant's business/employer is affiliated

APPLICATION FEES: Please check applicable box. Make check payable to DSPS and attach to this application. To pay by credit card see [Form #3071](#).

I am seeking a Veteran Fee Waiver (for Initial Credential Fee only, see page 2 for further information- not available for renewal applicants.)

Initial Credential Fee
 \$ 38.00 Total Fee Attached

Renewal Fee (If credential is expired, add a \$25 late fee.)
 \$ 38.00 Total Fee Attached

For Receiving Use Only (97)

Wisconsin Department of Safety and Professional Services

ARE YOU A VETERAN? If yes, please view the Department website at <https://dsps.wi.gov/Pages/Professions/MilitaryLicensureBenefits.aspx> for information and eligibility requirements for veterans, service members, former service members, and their spouses.

If you qualify, are you requesting a waiver of your initial credentialing fee? Yes No

If Yes, provide a copy of your Department of Veterans Affairs voucher code and list your DVA Voucher Code Number: _____

If you qualify, are you requesting equivalency of your military training and experience? Yes No

If Yes, complete and return the Veteran Request Application Addendum ([Form #2996](#)). This form must be included with this application. (You may contact the WDVA at 1-800-947-8387 or dva.wi.gov for assistance in obtaining your WDVA Voucher Code and/or documents related to your training.)

If you qualify, are you a service member, former service member, or spouse requesting a reciprocal credential? Yes No

If Yes, do not complete this form. You must complete and return the Reciprocal Credential Application for Service Members, Former Service Members, and Their Spouses ([Form #3982](#)).

RENEWAL REQUIREMENTS: Please view the Department website at <http://dsps.wi.gov> and select "PROFESSIONS," then "Athlete Agent."

FOR EACH BUSINESS OR EMPLOYER, IF APPLICABLE, OF THE APPLICANT, PROVIDE THE FOLLOWING:

(Attach additional sheets if necessary.)

Business/Employer Name <input style="width: 95%;" type="text"/>	Telephone Number <input style="width: 95%;" type="text"/>	Organizational Form <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual Proprietor <input type="checkbox"/> Other _____
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Mailing Address (street, city, state, zip code)

Description of the Nature of the Business/Employer

Business/Employer Name <input style="width: 95%;" type="text"/>	Telephone Number <input style="width: 95%;" type="text"/>	Organizational Form <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual Proprietor <input type="checkbox"/> Other _____
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Mailing Address (street, city, state, zip code)

Description of the Nature of the Business/Employer

Business/Employer Name <input style="width: 95%;" type="text"/>	Telephone Number <input style="width: 95%;" type="text"/>	Organizational Form <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual Proprietor <input type="checkbox"/> Other _____
---	---	---

Mailing Address (street, city, state, zip code)

Description of the Nature of the Business/Employer

EMPLOYMENT HISTORY: Provide for the 5 years preceding the date of this application. (Attach additional sheets, if necessary.)

Business/Employer	Location of Employment	Dates Employed (mo/yr - mo/yr)	Lic/Registration/Certif Held
_____	City _____ State _____	____ - ____ to ____ - ____	_____

Position Title and Description of Duties

Business/Employer	Location of Employment	Dates Employed (mo/yr - mo/yr)	Lic/Registration/Certif Held
_____	City _____ State _____	____ - ____ to ____ - ____	_____

Position Title and Description of Duties

Business/Employer	Location of Employment	Dates Employed (mo/yr - mo/yr)	Lic/Registration/Certif Held
_____	City _____ State _____	____ - ____ to ____ - ____	_____

Position Title and Description of Duties

Wisconsin Department of Safety and Professional Services

EMPLOYMENT HISTORY: Provide for the 5 years preceding the date of this application. *(Continued from page 2.)*

Business/Employer	Location of Employment	Dates Employed (mo/yr - mo/yr)	Lic/Registration/Certif Held
_____	City _____ State _____	_____ - _____ to _____ - _____	_____

Position Title and Description of Duties

Business/Employer	Location of Employment	Dates Employed (mo/yr - mo/yr)	Lic/Registration/Certif Held
_____	City _____ State _____	_____ - _____ to _____ - _____	_____

Position Title and Description of Duties

PRACTICAL EXPERIENCE: Do you have practical experience as an athlete agent? Yes No **If yes, complete the following information:**

Name of business where practical experience was obtained _____ _____	Location _____ _____
From: <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	To: <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Provide a description of the practical experience:

EDUCATION: Do you have education related to activities as an athlete agent? Yes No **If yes, complete the following information:**

Name of educational facility _____ _____	Location _____ _____
From: <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	To: <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Provide a description of the educational background:

FORMAL TRAINING: Do you have formal training as an athlete agent? Yes No **If yes, complete the following information:**

Name of training facility _____ _____	Location _____ _____
From: <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	To: <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Provide a description of the training:

LIST EACH STATE IN WHICH THE APPLICANT APPLIED TO BE REGISTERED AS AN ATHLETE AGENT.

For each credential listed above, completed [Form #2669](#) must be submitted by each state, including any territory or insular possession subject to the jurisdiction of the United States, in which you have been issued an Athlete Agent registration. Form letters from other jurisdictions are acceptable. Verifications must be returned directly to DSPS.

LIST EACH STATE IN WHICH THE APPLICANT CURRENTLY IS REGISTERED AS AN ATHLETE AGENT.

Wisconsin Department of Safety and Professional Services

IS THE APPLICANT CERTIFIED OR REGISTERED BY A PROFESSIONAL LEAGUE OR PLAYERS ASSOCIATION? If yes, provide all of the following. (Attach additional sheets, if necessary.)		
Name of the League or Association	Date of Cert/Reg	Expiration Date (if applicable)
Provide the date of any denial of an application for, suspension or revocation of, refusal to renew, withdrawal of, or termination of, the certification or registration or any reprimand or censure related to the certification or registration.		
DATE: ___/___/___ OR <input type="checkbox"/> The statement immediately above is not applicable.		

ANSWER THE FOLLOWING QUESTIONS (Attach additional sheets if necessary.)

1.	Have you or any of the persons listed on page 6 submitted an application for a state or federal business, professional, or occupational license, <i>other than as an athlete agent</i> ? If yes, attach a sheet providing a description of the status of any application from the state or federal agency(ies), including any denial, refusal to renew, suspension, withdrawal, or termination of the license and any reprimand or censure related to the license.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Have you or any of the persons listed on page 6 ever been convicted of, or have charges pending for, a crime that, if committed in Wisconsin, would be a felony? (A crime punishable by imprisonment is a felony. See Wis. Stat. § 939.60 .) If yes, attach a sheet providing a description of the crime, the law enforcement agency involved, and, if applicable, the date of the conviction and the fine or penalty imposed.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Have you or any of the persons listed on page 6 been a defendant or respondent in a civil proceeding, including a proceeding seeking an adjudication of incompetence within 15 years before the date of the application? If yes, attach a sheet with date and full explanation for <u>each</u> proceeding.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Do you or any of the persons listed on page 6 have an unsatisfied judgment or a judgment of continuing effect, including for child or family support, maintenance, or spousal support that is not current at the date of the application? If yes, provide details on an attached sheet.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Within 10 years before the date of the application, have you or any of the persons listed on page 6 been adjudicated bankrupt or an owner of a business that was adjudicated bankrupt? If yes, provide details on an attached sheet.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Has there been any administrative or judicial determination that you or any of the persons listed on page 6 made a false, misleading, deceptive, or fraudulent representation? If yes, provide details on an attached sheet.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Has your conduct or the conduct of any of the persons listed on page 6 resulted in the imposition of a sanction, suspension, or declaration of ineligibility to participate in an interscholastic, intercollegiate, or professional sports event on a student athlete or a sanction on an educational institution? If yes, provide details for each instance on an attached sheet.	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Has your occupational or professional conduct or the occupational or professional conduct of any of the persons listed on page 6 given rise to a sanction, suspension, or disciplinary action? If yes, provide details for each instance on an attached sheet.	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Has there been any denial of an application for, suspension or revocation of, refusal to renew, or abandonment of, your registration or the registration of any of the persons listed on page 6 as an athlete agent in any state? If yes, provide details for each instance on an attached sheet.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Wisconsin Department of Safety and Professional Services

DISCLOSURE OF COMPANY OWNERS, PARTNERS, OFFICERS

An applicant for registration must provide the following information: (Attach additional sheets if necessary.)

- **Individual Proprietor:** Name and address of the owner
- **Partnership:** Names and addresses of the partners, members, officers, managers, associates, or profit sharers of the business and of all persons directly or indirectly holding an equity interest of 5 percent or more of the business.
- **Corporation:** Names and addresses of the officers and directors of the corporation and any shareholder of the corporation having an interest of 5 percent or more.

If any owner or partner is also a business entity, you must complete this form to disclose the owners/partners/ officers/shareholders of the business entity as well.

Name of Company

Name of Owner, Partner, Officer, Shareholder

Address (street, city, state, zip code)

Title (Check all that apply.)

<input type="checkbox"/> 100% Owner	<input type="checkbox"/> Director	<input type="checkbox"/> Elected Officer - Title: _____
<input type="checkbox"/> General Partner	<input type="checkbox"/> LLC Governor/Member	<input type="checkbox"/> Shareholder - Percentage of Ownership: <input type="text"/> %
<input type="checkbox"/> Limited Partner	<input type="checkbox"/> Manager/Associate/Employee with controlling authority	

Name of Owner, Partner, Officer, Shareholder

Address (street, city, state, zip code)

Title (check all that apply)

<input type="checkbox"/> 100% Owner	<input type="checkbox"/> Director	<input type="checkbox"/> Elected Officer - Title: _____
<input type="checkbox"/> General Partner	<input type="checkbox"/> LLC Governor/Member	<input type="checkbox"/> Shareholder - Percentage of Ownership: <input type="text"/> %
<input type="checkbox"/> Limited Partner	<input type="checkbox"/> Manager/Associate/Employee with controlling authority	

Name of Owner, Partner, Officer, Shareholder

Address (street, city, state, zip code)

Title (check all that apply)

<input type="checkbox"/> 100% Owner	<input type="checkbox"/> Director	<input type="checkbox"/> Elected Officer - Title: _____
<input type="checkbox"/> General Partner	<input type="checkbox"/> LLC Governor/Member	<input type="checkbox"/> Shareholder - Percentage of Ownership: <input type="text"/> %
<input type="checkbox"/> Limited Partner	<input type="checkbox"/> Manager/Associate/Employee with controlling authority	

Signature of Applicant:

Date: / /

(If unable to provide a digital signature, print and sign form.)

Wisconsin Department of Safety and Professional Services

CREDENTIALS: Have you acted as an athlete agent during the 5 years prior to this application?

Yes No

If yes, provide the name, sport, and last known team for each individual for whom you acted as an athlete agent during the 5 years prior to submitting this application. (If the student athlete is a minor, list the name of the parent or guardian of the minor.) (Attach additional sheets if necessary.)

Athlete Name	Sport	Last Known Team

CERTIFICATION OF LEGAL STATUS

I declare under penalty of law that I am (check one):

- A citizen or national of the United States, or
- A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.

CONTINUING DUTY OF DISCLOSURE

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect, or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that Credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

AFFIDAVIT OF APPLICANT

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension, or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I declare under penalty of perjury that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I have provided to the Department of Safety and Professional Services change.

Signature:

Date: / /

(If unable to provide a digital signature, print and sign form.)