

# 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](mailto:dsps@wisconsin.gov)  
**Website:** <http://dsps.wi.gov>

## DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

### INFORMATION FOR COMPLETING RECIPROCAL ATHLETE AGENT INITIAL AND RENEWAL APPLICATION

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

**RECIPROCAL APPLICANTS:** Applicants who are applying for Wisconsin registration based on a current Athlete Agent license or registration in another state or who have obtained their Wisconsin credential based on reciprocity and are now renewing should use this form (#3668) [Wis. Stat. § [440.9915\(2\)](#) and Wis. Admin. Code § [SPS 151.04](#)].

1. **Credential Fee:** Please make check or money order payable to Department of Safety and Professional Services. To pay by credit card see [Form #3071](#).
2. **Application from the Other State:** A copy of the application for registration in the other state. Attach to this application.
3. **Application from Other State Addendum (Form #3668):** A statement identifying any material change in information or verifying there is no material change in information on the application for registration in the other state signed under penalty of perjury ([Wis. Stat. § 440.9915\(2\)\(a\)2](#)).
4. **Certificate of Registration:** A copy of the certificate of registration from the other state. (Please include with application.)
5. **Verification of Registration (Form #2669):** Documentary evidence that the registration of the other state has not been revoked or suspended and no action involving the individual's conduct as an athlete agent is pending against the individual or the individual's registration in any state. Completed Form #2669 submitted by **each** state in which you have been issued an Athlete Agent registration. Form letters from other jurisdictions are acceptable. Verifications must be returned directly to DSPS.
6. **Registration Requirements:** Documentary evidence that the application and registration requirements of the other state are substantially similar to or more restrictive than the requirements for registration under Wis. Stat. § [440.992](#).
7. The department may cooperate with national organizations concerned with athlete agent issues and agencies in other states that register athlete agents to develop a common registration form and determine which states have laws that are substantially similar to or more restrictive than this subchapter (Wis. Stat. § [440.9915\(2\)\(c\)](#)).
8. The department may exchange information, including information related to actions taken against registered athlete agents or their registrations, with those organizations and agencies (Wis. Stat. § [440.9915\(2\)\(c\)](#)).

**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 entry 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.

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

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## DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

### APPLICATION FOR RECIPROCAL ATHLETE AGENT REGISTRATION

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).

<b>Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>Former / Maiden Name(s)</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Address (street)</b>	<b>(city)</b>	<b>(state)</b>	<b>(zip code)</b>	<b>Daytime Telephone Number</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>

<b>Mailing Address (if different) (street)</b>	<b>(city)</b>	<b>(state)</b>	<b>(zip code)</b>	<b>Fax Number</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>

<b>Date of Birth</b>	<b>Place of Birth</b>	<b>Cell Phone Number</b>
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>

<b>Social Security Number</b>	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 <a href="#">Form #1051</a> . The Department may not disclose the Social Security Number collected except as authorized by law.
<input type="text"/>	

<b>Ethnicity/gender status information is optional.</b>	<b>ETHNICITY:</b> <input type="checkbox"/> White, not Hispanic origin <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Hispanic
<b>Gender:</b> <input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other

**Have you ever been licensed in Wisconsin as an Athlete Agent?**  Yes  No If yes, list your credential number: \_\_\_\_\_

**Is this a renewal application?**  Yes  No

- Applicants who are applying for Wisconsin registration based on a current Athlete Agent license or registration in another state or who have obtained their Wisconsin credential based on reciprocity and are now renewing should use this form (#3668).
- Applicants not registered in another state at the time of application for original registration in Wisconsin should use form ([#2668](#)) to obtain an initial credential and for credential renewal.

**E-mail Address**

**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)

**Reciprocal Credential Fee – Applying for WI credential**  
**\$ 38.00 Total Fee Attached**

**Reciprocal Credential Renewal Fee** (If WI credential is expired, add \$25.00 late fee)  
**\$ 38.00 Total Fee Attached**

**For Receipting 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](http://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."

Per Wis. Stat. § [440.9915\(2\)\(a\)2](#) reciprocal applicants must provide a statement, signed under penalty of perjury, identifying any material change in information or must verify there is no material change in information on the application for registration in the other state.

State of licensure:   Credential number:  Expiration date:  /  /

Has there been any material change in information on the application for registration in the other state?  Yes  No If yes, list and provide details of the material change(s). (Attach additional pages, if necessary.) Attach copy of other state application.

## 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.)