



UNIVERSITY OF WISCONSIN- MILWAUKEE COMPLIANCE

AGENT & ADVISOR REGISTRATION FORM

The completion of this form is required for initial registration in the University of Wisconsin-Milwaukee (UWM) Player-Agent Program. Agents and/or advisors who have already registered with UWM must submit any updated information on an annual basis in order to remain active in the UWM Player-Agent Program.

1. Registration Status (check all that apply)

☐ Athletic Agent

☐ Financial Planner

2. General Information (agencies with multiple applicants must fill out a form for each person applying)

Applicant's Name

Date of Birth

Name of Firm/Agency (if affiliated)

Firm/Agency Website

Business Phone

Cell Phone

Fax Number

Email Address

Business Street Address

City

State

Zip Code

3. Wisconsin Athletic Agent Registration

What is your state registration status?

Please list all current and pending registration information for other states in the space provided below:

State: _____ Status: _____ Effective Date: _____ Expiration Date: _____

State: _____ Status: _____ Effective Date: _____ Expiration Date: _____

State: _____ Status: _____ Effective Date: _____ Expiration Date: _____

State: _____ Status: _____ Effective Date: _____ Expiration Date: _____

State: _____ Status: _____ Effective Date: _____ Expiration Date: _____

Have you ever been disciplined/cited for a violation of a statute regulating athlete agents in any state? ☐ Yes ☐ No
If "yes", please provide the following information

Nature of the complaint or charge

Date of the alleged violation

Result or status of the investigation (including action taken and the authority imposing the action)

4. Players' Association Registrations/Certifications (check all that apply and enter effective and expiration dates)

- ☐ Major League Baseball Players' Association (MLBPA) Effective Date: _____ Expiration Date: _____
- ☐ National Basketball Players' Association (NBPA) Effective Date: _____ Expiration Date: _____
- ☐ National Football League Players' Association (NFLPA) Effective Date: _____ Expiration Date: _____
- ☐ Other: _____ Effective Date: _____ Expiration Date: _____
- ☐ Other: _____ Effective Date: _____ Expiration Date: _____

Have you ever been disciplined/cited for a violation of a players' association regulation governing athlete agents? ☐ Yes ☐ No

If yes, please provide the following information:

Nature of the complaint or charge	Date of the alleged violation
Result or state of the investigation (including action taken and the authority imposing the action)	

Do you have any business associates (e.g. runners, marketing associates, etc.) working with your company? ☐ Yes ☐ No

If yes, please identify those associates in the space provided below

Name: _____	Services Provided: _____
Name: _____	Services Provided: _____
Name: _____	Services Provided: _____

5. Business Services Offered (check all services that you or your company offer)

- ☐ Contract Negotiation ☐ Estate Planning ☐ Financial Planning ☐ Tax Planning ☐ Insurance Planning
- ☐ Investment Counseling ☐ Grievance-Arbitration ☐ Insurance Coverage ☐ Appearances/Endorsements

Do you offer separate contracts for each service? ☐ Yes ☐ No

Do you manage your clients' funds? ☐ Yes ☐ No

If yes, please explain: _____

Are you bonded? ☐ Yes ☐ No

If yes, please provide the following information:

Bond Amount: _____ Company Name: _____

Bond Company Address: _____

Business Services Offered (Continued)

Are you currently registered under the Investment Advisor's Act? ☐ Yes ☐ No

Do you refer players to others for services (e.g. financial planning, disability insurance, etc.?) ☐ Yes ☐ No

If yes, please provide the following information:

Firm Name: _____ Phone Number: _____ Service: _____

Firm Name: _____ Phone Number: _____ Service: _____

Do you receive a fee for referrals? ☐ Yes ☐ No

If yes, please explain the basis for such fees: _____

Do you have an ownership interest; wholly or partially finance; or directly or indirectly exercise control of any firm or organization that provides services for players upon your referral? ☐ Yes ☐ No

If yes, please provide the following information:

Firm Name: _____ Phone Number: _____ Service: _____

Explain your fee structure, including expenses billed to your clients above and beyond your standard percentage:

6. Compliance Background

Have you ever been involved in or investigated for allegedly participating in actions that violated NCAA, Conference, university, college, players' association, league, team or federal rules? ☐ Yes ☐ No

Have you ever been convicted or plead guilty to a criminal charge other than a minor traffic violation? ☐ Yes ☐ No

Have you been a defendant in civil proceedings including bankruptcy, allegations of fraud, misrepresentation, embezzlement, misappropriation of funds, breach of fiduciary duty, forgery or legal malpractice? ☐ Yes ☐ No

Have you been adjudicated insane or legally incompetent by any court? ☐ Yes ☐ No

Have you been suspended or expelled from any college, university, law school or graduate school? ☐ Yes ☐ No

Have you had unsatisfied judgments or continuing effect against you other than alimony or child support? ☐ Yes ☐ No

Have you had any surety or bond against you in which someone has been required to pay money on your behalf? ☐ Yes ☐ No

Have you been declared bankrupt or been an owner or part-owner of a business which was declared bankrupt? ☐ Yes ☐ No

7. Professional Background

Please list any memberships you have in business or professional organizations that directly relate to your occupation or profession:

If you have ever been disciplined by a professional organization, please provide the action taken, dates and the involved authority:

8. Employment History

Current Employer

Current Job Title/Position

Date of Initial Employment

Current Supervisor Name

Supervisor Phone Number

Past Employer

Job Title/Position

Dates of Employment

Supervisor Name

Supervisor Phone Number

Past Employer

Job Title/Position

Dates of Employment

Supervisor Name

Supervisor Phone Number

9. Education History

School

City/State

Degree

Major(s)

Date Received

School

City/State

Degree

Major(s)

Date Received

School

City/State

Degree

Major(s)

Date Received

Admitted to Bar (If applicable): ☐ Yes ☐ No

State

Date

10. Past and Current Client List (Please indicate any athletes, including UWM grads, who you have represented or currently represent)

_____ Athlete	_____ Sport/Team	_____ Team Representative
_____ Athlete	_____ Sport/Team	_____ Team Representative
_____ Athlete	_____ Sport/Team	_____ Team Representative
_____ Athlete	_____ Sport/Team	_____ Team Representative

11. Student-Athlete Interests (Please indicate to which current UWM student-athletes you are interested in speaking)

_____ Student-Athlete Name	_____ Student-Athlete Name
_____ Student-Athlete Name	_____ Student-Athlete Name
_____ Student-Athlete Name	_____ Student-Athlete Name
_____ Student-Athlete Name	_____ Student-Athlete Name

12. Certification

By signing below, I certify that the information contained herein is true and correct to the best of my knowledge. I agree to notify the Compliance Office before my first contact with any student-athlete who has eligibility remaining in any sport and is enrolled at the University of Wisconsin-Milwaukee, or before my first contact with any student-athlete's family. I will not engage in any activity prior to a student-athlete's agreement to be represented that would otherwise jeopardize the student-athlete's eligibility.

I agree to abide by all NCAA rules and University of Wisconsin-Milwaukee regulations, and I understand that failure to comply with the terms of this certification and the applicable NCAA legislation may result in the initiation of legal proceedings by the University of Wisconsin-Milwaukee against me and the assessment of civil and/or criminal penalties.

Applicant Signature

Date

Please return to:
Jessica Kumke
Associate AD for Compliance
Fax: 414-229-5749
kumke@uwm.edu