



VILLANOVA UNIVERSITY COMPLIANCE AGENT & ADVISOR RENEWAL FORM

The completion of this form is required for agents and/or advisors who have already registered with the Villanova Player-Agent Program. Agents/Advisors must still submit an updated Registration Renewal Form on an annual basis in order to remain active in the Villanova Player-Agent Program.

1. Registration Status (check all that apply)

 Athletic Agent

 Financial Planner

 NIL Representative

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. Pennsylvania Athletic Agent Registration (a copy of your Pennsylvania agent registration must be submitted with this form)

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: _____

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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: _____

Please only fill out Section 5 if any of the business services that you offer have changed since your initial registration or last renewal with Villanova.

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:

5. Business Services Offered (Continued)

Are you bonded? Yes No

If yes, please provide the following information:

Bond Amount: _____ Company Name: _____

Bond Company Address: _____

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: _____

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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. Student-Athlete Interests (Please indicate to which current Villanova 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

7. 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 Villanova University, 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 Villanova University 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 Villanova against me and the assessment of civil and/or criminal penalties.

Applicant Signature

Date

Please return to:
Katie LeGrand
Associate Athletics Director for Compliance
Villanova University Athletics
Compliance Office
The Jake Nevin Field House
Villanova, PA 19085
katherine.legrand@villanova.edu