INFORMATION & INSTRUCTIONS – UNIFORM ATHLETE AGENT
Access this form via website at: www.hawaii.gov/dcca/areas/pvl

PATHWAYS TO REGISTRATION

There are two basic pathways to registration:
1. If you hold a certificate of, registration or licensure as an athlete agent in another state, you will be seeking registration via reciprocity;
2. If you are NOT licensed in another state, you will be seeking a new registration.

RECIPROCAL REGISTRATION

If you are registered in another state and you meet ALL of the following conditions:
1. The application to the other state was submitted within six (6) months preceding your application for a Hawaii registration; AND
2. The application contains information that is equivalent or more comprehensive than that required for the state of Hawaii; AND
3. Was signed by you under penalty of perjury or of a related offense in the other state;

You are not required to complete the entire application for Hawaii. However, we are requesting that you complete page 1 and the "Certification" section on page 3 of the Hawaii application. Also submit the following:
1. A copy of the application submitted to the other state;
2. A letter from you certifying that the information contained in the application is current;
3. A copy of your certificate issued by the other state.

APPLICATION FORM

Type or print legibly in black ink and sign the application. Answer all questions. Any misstatement is grounds for refusal or subsequent revocation of registration. Incomplete and/or irregular applications will not be accepted. Applicants are subject to requirements in effect at time of filing.
• Failure to provide all the requested information will delay the processing of your application.

SOCIAL SECURITY NUMBER

Your social security number is used to verify your identity for licensing purposes and for compliance with the laws listed below. For a registration to be issued you must provide your social security number or your application will be deemed deficient and will not be processed further.

The following laws require that you furnish your social security number to our agency.
FEDERAL LAWS:
42 U.S.C.A. §666 (a)(13) requires the social security number of any applicant for a professional license, registration, or occupational license be recorded on the application for license or registration; and if you are a licensed health care practitioner, 45 C.F.R., Part 61, Subpart B, §61.7 requires the social security number as part of the mandatory reporting we must do to the Healthcare Integrity and Protection Data Bank (HIPDB), of any final adverse licensing action against a licensed health care practitioner.
Hawaii Revised Statutes ("HRS"); §576D-13(j), HRS requires the social security number of any applicant for a professional license, registration, or occupational license be recorded on the application for license or registration; and §436B-10(4) HRS which states that an applicant for license or registration shall provide the applicant’s social security number if the licensing or registering authority is authorized by federal law to require the disclosure and by the federal cites shown above, we are authorized to require the social security number.

FEES

Attach the appropriate fee. Make check payable to: Commerce and Consumer Affairs.

If applying for registration between July 1 even-numbered year and June 30 odd-numbered year, pay ........................................................................................................................... .......... $327.50
(Appl Fee - $60*, Registration Fee - $130, CRF - $90***, 1/2 renewal - $47.50)

If applying for registration between July 1 odd-numbered year and June 30 even-numbered, pay ..................................................................................................................................... $235**
(Appl Fee - $60*, Registration Fee - $130, CRF - $45***)

* Application fee is not refundable.
** Subject to renewal by June 30, even-numbered years.
*** The Compliance Resolution Fund (CRF) was established by the 1982 Legislature (§26-9(m), Hawaii Revised Statutes) to expedite resolution of consumer complaints filed with the Department of Commerce and Consumer Affairs. Assessment amounts are based on the services rendered in resolving complaints. Assessment is due for the issuance of a new license as well as for the renewal of a license.
NOTE: One of the numerous legal requirements that you must meet in order for your new license to be issued is the payment of fees as set forth in this application. You may be sent a registration certificate before the payment you sent us for your required fee is honored by your bank. If your payment is dishonored, you will have failed to pay the required registration fee and your registration will not be valid, and you may not do business under that license. Also, a $25.00 service charge shall be assessed for payments that are dishonored for any reason.

If for any reason you are denied the registration you are applying for, you may be entitled to a hearing as provided by Chapter 91, Hawaii Revised Statutes, and Title 16, Chapter 201, Hawaii Administrative Rules. Your written request for a hearing must be directed to the agency that denied your application, and must be made within 60 days of notification that your application for a registration has been denied.

Mail all required items to: Uniform Athlete Agent Program DCCA, PVL Licensing Branch P.O. Box 3469 Honolulu, HI 96801 Honolulu, HI 96813

Deliver to office location at: 335 Merchant St., Room 301 Honolulu, HI 96813

Phone: (808) 586-3000

To obtain a copy of the Uniform Athlete Agent law, Chapter 481-E, Hawaii Revised Statutes, send a written request to the address above. Chapter 436B, Hawaii Revised Statutes, the Professional and Vocational Licensing Act should be read in conjunction with Chapter 481-E.

The law is also posted on our website at: www.hawaii.gov/dcca/areas/pvl. Click on "Uniform Athlete Agent". Then click on "Statute/Rule Chapter", on the right.

A uniform athlete agents registration, regardless of issuance date, is renewable biennially on or before June 30 of each even-numbered year. Failure to renew registration (payment of fees and completed renewal application form) on or before June 30, even-numbered year shall constitute an automatic forfeiture of registration.

Pursuant to HRS § 436B-9 your application shall be considered abandoned and shall be destroyed if you fail to provide evidence of continued efforts to complete the licensing process for two consecutive years. The failure to provide evidence of continued efforts includes but is not limited to: (1) failure to submit any required information and documents requested by the licensing authority within two consecutive years from the last date the documents and information were requested, or (2) failure to complete any additional requirements for licensure that remain after the approval of your application, such as attempting to complete an exam requirement, within two consecutive years from the date your application was approved, or (3) failure to provide the licensing authority with any written communication during two consecutive years indicating that you are attempting to complete the licensing process. If an application is deemed abandoned the applicant shall be required to reapply for licensure and comply with the licensing requirements in effect at the time of the reapplication.
Application for Registration – UNIFORM ATHLETE AGENT

Type or print legibly in black ink.
Read the attached Requirements and Instructions before completing this form.

CHECK ONE:
- New registration
- Reciprocal registration

Legal Name of Applicant (First, Middle) (LAST)

Principal Place of Business Address (Include Apt. No., City, State & Zip Code)

Residence Address (Include Apt. No., City, State & Zip Code)

Business Structure of Principal Place of Business (Check one and submit the required disclosure form):
- Individual Proprietor
- Corporation
- Partnership
- Other (Specify):
  - Attach completed “Disclosure of Owners, Partners, Officers” form.

Mailing Address (ONLY if different from business)

Other Names Used (Include Maiden Name)

Social Security No. Phone No. (days)

Circle answers and provide details as required.

1) Are you at least 18 years of age? ................................................................. YES NO
2) Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? .......................................................... YES NO
3) Have you ever held a registration or certificate as an athlete agent in another state? .................................................................YES NO

If "YES", answer the following questions:
1. What state issued your athlete agent registration? 
2. Provide the date you submitted the application: 
3. Effective date of registration: 
4. Expiration date: 

4) Have you ever had a registration or licensure as an athlete agent denied, suspended, revoked, or had renewal refused, in any state? .............................................................................................................................YES NO

If yes, attach written explanation signed and dated by individual, including specific dates, and submit copies of all letters of inquiry and resolution.

5) Have you ever been convicted of a crime that, if committed in this state, would be a felony or a crime involving moral turpitude? ........................................................................................................YES NO

If yes, you must attach:
  a) a written statement, signed and dated by the convicted individual, explaining the circumstances of each incident,
  b) a copy of the charging document,
  c) a copy of the official document which establishes the resolution of the charges of any final judgment, and
  d) if currently on probation, attach letter from probation officer stating individual’s compliance with terms of probation.

6) Have you ever been the subject of any administrative or judicial determination that the person has made a false, misleading, deceptive, or fraudulent representation? ........................................................................................................YES NO

If yes, you must attach:
  a) a written statement, signed and dated by applicant, explaining the circumstances of each incident,
  b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
  c) a copy of the official document which establishes the resolution of the charges or any final judgment.

7) Have you ever been the subject of any sanction, suspension, or disciplinary action arising out of occupational or professional conduct? ........................................................................................................YES NO

If yes, attach written explanation signed and dated by individual, including specific dates, and submit copies of all letters of inquiry and resolution.

(Continued on Back)

Application............. 770........... $60
License ................. 776........... $130
CRF..................... 771........... $90/$45
½Renewal............. 778........... $47.50
Service Charge ...... BCF........... $25
8) Have you ever engaged in conduct that 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 educational institution? YES NO

If yes, attach written explanation signed and dated by individual, including specific dates, and submit copies of all letters of inquiry and resolution.

9) Are you requesting a temporary registration? YES NO

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### EMPLOYMENT HISTORY

Provide employment history for the five (5) years preceding the date of this application. (Attach additional pages if necessary)

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### FORMAL TRAINING

Does the applicant have formal training as an athlete agent? YES NO

If yes, when was formal training obtained: From _____/_______/_______ to _____/_______/_______

Name of Training Facility: ______________________________

Location: ______________________________

Provide a description of the formal training:

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### PRACTICAL EXPERIENCE

Does the applicant have practical experience as an athlete agent? YES NO

If yes, when was practical experience obtained: From _____/_______/_______ to _____/_______/_______

At what business was practical experience obtained: ______________________________

Location: ______________________________

Provide a description of practical experience:

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### EDUCATIONAL BACKGROUND

Does the applicant have educational background related to activities as an athlete agent? YES NO

If yes, when was educational background obtained: From _____/_______/_______ to _____/_______/_______

At what business was practical experience obtained: ______________________________

Location: ______________________________

Provide a description of the practical experience:
Name of Applicant: ________________________________

CREDENTIALS

PRIOR CLIENTS

Has the applicant acted as an athlete agent during the five (5) years prior to this application? □ YES □ NO

If yes, provide the name, sport and team for each individual for whom you acted as an athlete agent during the 5 years prior to this application (attach additional sheet if necessary):

Athlete Name: ____________________________  Sport: ___________________________  Last Known Team: ___________________________

Athlete Name: ____________________________  Sport: ___________________________  Last Known Team: ___________________________

Athlete Name: ____________________________  Sport: ___________________________  Last Known Team: ___________________________

REFERENCES Provide three (3) references. (Do not include the names of any relatives.)

Name: ____________________________________________________________________ Telephone (_____)
Address: ___________________________________________________  City _______________ State _______________  Zip Code ________

Name: ____________________________________________________________________ Telephone (_____)
Address: ___________________________________________________  City _______________ State _______________  Zip Code ________

Name: ____________________________________________________________________ Telephone (_____)
Address: ___________________________________________________  City _______________ State _______________  Zip Code ________

CERTIFICATION

APPOINTMENT OF DIRECTOR AS INDIVIDUAL'S AGENT FOR SERVICE OF PROCESS. KNOW ALL PEOPLE BY THESE PRESENT:

That in compliance of the Laws of the State of Hawaii, I, the undersigned applicant, if a nonresident do hereby appoint the Director of Commerce and Consumer Affairs of the State of Hawaii, his/her successor or successors, as my true and lawful agent upon whom may be served all legal process in any action or proceeding in which I may be a party arising out of or relating to the transactions of the department, and do hereby expressly consent and agree that service upon such agent shall be as valid and binding as if due and personal process has been made upon me and that such appointment shall be irrevocable.

I certify that the statements, answers, and representations made in this application and in the documents attached are true and correct, and that all information in any reciprocal application submitted with this application is current, true and complete, and that this document has not been altered or changed in any manner from the form adopted by the Department of Commerce and Consumer Affairs.

I understand that any misrepresentation is grounds for refusal or subsequent revocation of license and is a misdemeanor (Section 710-1017, Sections 436B-19 and 481E-6, Hawaii Revised Statutes). I further certify that I have read, understand and agree to comply with the provisions of Hawaii Revised Statutes, Chapter 481-E.

__________________________  ________________________
Signature of Applicant          Date

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

-3-
**DISCLOSURE OF COMPANY OWNERS, PARTNERS, OFFICERS**

**NAME OF COMPANY:**

An applicant for a registration affiliated with a company must provide the following information:

- **Individual Proprietor:** Provide the name and address of the Owner.
- **Partnership:** Provide the name and address of all General Partners and Limited Partners.
- **Corporation, LLC, Trust, Other:** provide the name and address of all elected Officers, Directors, Governors, members, Shareholders owning 5% or more of company stock, and any Managers/Associates/Employees with authority to exercise control in policy or management of the company.
- **Governmental Entity:** Provide the complete name and address of the Government Agency which owns the company, and any Directors/Managers/employees with authority to exercise control in policy or management of the company.

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

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**Signature of Applicant** ________________________________  **Date** ________________________________

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