

INSTRUCTIONS FOR FILING – ATHLETE AGENT (REVISED UNIFORM ATHLETE AGENTS ACT)

Access this form via website at: cca.hawaii.gov/pvl

GENERAL INFORMATION

There are two pathways to registration:

- (1) **New Registration** - If you currently do not possess a registration, certificate, or license as an athlete agent in another state
- (2) **Registration via Reciprocity** – If you currently possess a registration, certificate, or license as an athlete agent in another state

REGISTRATION VIA RECIPROCIITY

If you are registered in another state, and you meet **ALL** of the following conditions:

- (1) The application and registration requirements of the other state are substantially similar to or more restrictive than this State; and
- (2) Your registration has not been revoked or suspended and no action involving your conduct as an athlete agent is pending against you or your registration in any state,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 5 of the Hawaii application. You must also submit the following documents:

- (1) A copy of the application for registration in the other state;
- (2) A statement that identifies any material change in the information on the application or verifies there is no material change in the information, signed under penalty of unsworn falsification to authorities; and
- (3) A copy of the certificate of registration from the other state.

APPLICATION

Complete the online fillable form or print legibly in black ink. Answer all questions, sign, and date the application. Any unsworn falsification is grounds for refusal or subsequent revocation of registration.

Failure to provide all the requested information will delay the processing of the application.

INCOMPLETE APPLICATIONS

Incomplete applications will not be accepted, and a notice of deficiency will be sent. It is your responsibility to file a complete application.

SOCIAL SECURITY NUMBER

Your Social Security Number is used to verify your identity for licensing purposes and for compliance with the below laws. **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 that Social Security Number of any applicant for a professional license or occupational license be recorded on the application for license; 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 or occupational license be recorded on the application for license; and **§436B-10(4), HRS** which states that an applicant for license shall provide the applicant’s Social Security Number if the licensing authority is authorized by federal law to require the disclose (and by the federal cites shown above, we are authorized to require the Social Security Number).

(CONTINUED ON PAGE 2)

FEES

ATTACH the appropriate fee made payable to: *COMMERCE AND CONSUMER AFFAIRS*. Checks must be made in U.S. dollars and be from a U.S. financial institution.

If applying between July 1 even-numbered year and June 30 odd-numbered year, pay \$497
(*Non-Refundable Application Fee-\$60 + Registration-\$247 + CRF-\$100 + 1/2 Renewal-\$90*)

If applying between July 1 odd-numbered year and June 30 even-numbered year, pay \$357
(*Non-Refundable Application Fee-\$60 + Registration-\$247 + CRF-\$50*)

The Compliance Resolution Fund (CRF) was established by the 1982 Legislature (Section 26-9(m), Hawaii Revised Statutes) to expedite resolution of consumer complaints filed with DCCA.

NOTE: *One of the numerous legal requirements that you must meet in order for your new registration 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 fees 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 registration. Also, a \$25.00 service charge shall be assessed for payments that are dishonored for any reason.*

SEND YOUR APPLICATION

VIA MAIL:
Uniform Athlete Agents Program
DCCA, PVL Licensing Branch
P.O. Box 3469
Honolulu, HI 96801

OR

DELIVER IN-PERSON:
DCCA, PVL Licensing Branch
335 Merchant St., Room 301
Honolulu, HI 96813
Phone: (808) 586-3000

REGISTRATION DENIAL

If for any reason you are denied the registration you are applying for, you may be entitled to a hearing as provided by the Hawaii Administrative Rules, Title 16, Chapter 201, and/or Hawaii Revised Statutes, Chapter 91. Your written request for a hearing should be directed to the Uniform Athlete Agents Program and must be received by the Program within 60 days of the date that your application for registration was denied.

RELEASE OF INFORMATION

If an agency or individual is assisting you with this registration process, we will not be able to release any information to them unless you provide us with authorization. If you wish to do so, please complete, sign, and date the portion on "Release of Information to Third Party".

BIENNIAL RENEWAL

All registrations, regardless of date issued, expire on **JUNE 30** of every **EVEN-NUMBERED** year. Registrations must be renewed on or before the expiration date. Approximately two months before the expiration date, a "Renewal Application" is mailed to all registrants at their mailing address of record. If you do not receive a renewal application one month prior to the expiration date, contact the Licensing Branch at (808) 586-3000. Failure to renew registration on or before the expiration date shall constitute an automatic forfeiture of registration.

LAWS

To obtain a copy of the Revised Uniform Athletes Agents Act, Chapter 481Z, Hawaii Revised Statutes, submit a written request to the address above, or you may download them from cca.hawaii.gov/pvl. Chapter 436B, Hawaii Revised Statutes, the Professional and Vocational Licensing Act should be read in conjunction with Chapter 481Z.

ABANDONMENT OF APPLICATION

Pursuant to HRS §436B-9, your application shall be considered abandoned and will be destroyed, if you fail to complete the license process within one year after filing an application or fail to take and pass the examination after becoming eligible to take the examination.

If an application is deemed abandoned, the applicant shall be required to reapply for licensure and comply with the licensing requirements at the time of the reapplication.

INSTRUCTIONS FOR “YES” ANSWERS TO QUESTIONS (3) THROUGH (14)

If you answered “YES” to questions 3-12, the following documentation must be submitted with your application.

- Questions 3 to 12 refer to complaints, charges of unlicensed activity, or pending disciplinary actions for any profession, occupation, or license/registration/certification. If your answer is “YES” to one or more of these questions, **ATTACH**:
 - i. A statement signed by you explaining the circumstances; and
 - ii. Copies of any documents from the agency, including final orders, petitions, complaints, findings of facts and conclusions of law, and any other relevant documents;
- Questions 13 and 14 refer to criminal convictions. If your answer is “YES” to one or more of these questions, **ATTACH**:
 - i. A statement signed by you explaining the circumstances leading to the conviction and detailing all activities since the conviction, including employment and business involvements. Include job title, period of employment, employer’s name, description of duties, training attended, and educational courses attended;
 - ii. A copy of the court order, verdict, and terms of sentence;
 - iii. If applicable, a copy of the terms of probation and/or parole and notarized statement from your probation or parole officer as to your compliance with the court orders;
 - iv. Signed statements from employers, business associates/clients, and others who can attest to your business dealings, including a statement as to your reputation for or record of experience, competency, honesty, truthfulness, financial integrity, and fair dealings; and
 - v. A current criminal history record check in your name, which you may obtain from the Hawaii Criminal Justice Data Center. Contact the Department of the Attorney General, Hawaii Criminal Justice Data Center, Kekuanao’a Building, 456 S. King Street, Rm. 101, Honolulu, HI 96813. Phone: (808) 587-3100 or visit their website at: ecrim.ehawaii.gov to request a “Criminal History Record Check” form.

NOTE: If your criminal conviction occurred in a state or states other than Hawaii, a current criminal history record check will be required from each state **AND** Hawaii. Contact the local authority in each state for their forms, instructions and fees on obtaining criminal history record checks.

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.

APPLICATION FOR REGISTRATION – ATHLETE AGENT

Read "Requirements & Instructions" before completing this form.

Please type or print **LEGIBLY** in black ink.

CHECK ONE:	
<input type="checkbox"/> NEW REGISTRATION	<input type="checkbox"/> RECIPROCAL REGISTRATION
Legal Name (First, Middle):	(Last):
Other Names Used (Maiden Name, etc.)	Email Address:
Residence Address (Include Apt. No., City, State, & Zip Code)	
Mailing Address (ONLY if Different from Residence Location)	
Social Security No.:	Phone No. (Days): Mobile: Business:
Date of Birth (mm/dd/yyyy):	Place of Birth (City, State, Country):

FOR OFFICE USE ONLY	<input type="checkbox"/> Approved (Initials/date):	
	Effective Date:	Registration No. UAA -

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

Employer Name:	Position Title:	Start Date (mo/yr):	End Date (mo/yr):
Employer Address:	Description of Duties:		
Employer Name:	Position Title:	Start Date (mo/yr):	End Date (mo/yr):
Employer Address:	Description of Duties:		
Employer Name:	Position Title:	Start Date (mo/yr):	End Date (mo/yr):
Employer Address:	Description of Duties:		

Appl 770 \$60
 Lic 776 \$247
 CRF 771 \$50/\$100
 1/2 (ren) . 778 \$90
 Svc Chrg . . BCF \$25

Print Name of Applicant: _____

Date: _____

Describe your formal training as an athlete agent. (Attach additional pages if necessary)

Name of Training Facility:	Location:	Start Date (mo/yr):	End Date (mo/yr):
Description of Formal Training:			

Describe your practical experience as an athlete agent. (Attach additional pages if necessary)

Name of Business:	Location:	Start Date (mo/yr):	End Date (mo/yr):
Description of Practical Experience:			

Describe your educational background relating to activities as an athlete agent. (Attach additional pages if necessary)

Name of Institution:	Location:	Start Date (mo/yr):	End Date (mo/yr):
Description of Educational Background:			

Provide information of any athlete agent registrations you currently hold, have held, or have applied for. (Attach additional pages if necessary)

Athlete Agent Registration Status (CHECK ONE): <input type="checkbox"/> Current <input type="checkbox"/> Expired <input type="checkbox"/> Applied/Pending	State:	Date Issued (mo/yr):	Expiration Date (mo/yr):
Athlete Agent Registration Status (CHECK ONE): <input type="checkbox"/> Current <input type="checkbox"/> Expired <input type="checkbox"/> Applied/Pending	State:	Date Issued (mo/yr):	Expiration Date (mo/yr):
Athlete Agent Registration Status (CHECK ONE): <input type="checkbox"/> Current <input type="checkbox"/> Expired <input type="checkbox"/> Applied/Pending	State:	Date Issued (mo/yr):	Expiration Date (mo/yr):

Provide history of any professional or occupational license, registration, or certification held for the five (5) years preceding the date of this application. (Attach additional pages if necessary)

Type of License/Registration/Certification:	State:	Date Applied (mo/yr):	Date Issued (mo/yr):	Expiration Date (mo/yr):
Type of License/Registration/Certification:	State:	Date Applied (mo/yr):	Date Issued (mo/yr):	Expiration Date (mo/yr):
Type of License/Registration/Certification:	State:	Date Applied (mo/yr):	Date Issued (mo/yr):	Expiration Date (mo/yr):

(CONTINUED ON PAGE 3)

Print Name of Applicant: _____

Date: _____

Provide information of any professional leagues or players' associations you are certified or registered by. (Attach additional pages if necessary)

Name of League or Association:	Date Issued (mo/yr):	Expiration Date if Applicable (mo/yr):
Name of League or Association:	Date Issued (mo/yr):	Expiration Date if Applicable (mo/yr):

Provide history of each individual for whom you acted as an athlete agent for the five (5) years preceding the date of this application. If the athlete is a minor, provide the name of the parent or guardian. (Attach additional pages if necessary)

Athlete Name:	Sport:	Last Known Team:	Parent or Guardian Name:
Athlete Name:	Sport:	Last Known Team:	Parent or Guardian Name:
Athlete Name:	Sport:	Last Known Team:	Parent or Guardian Name:

Provide information about your Employer / Principal Place of Business ("PPB").

PPB Organization Form (CHECK ONE):

INDIVIDUAL PROPRIETOR PARTNERSHIP CORPORATION OTHER (Specify: _____)

PPB Name:	Nature/Purpose of PPB:	PPB Phone No.: Bus: Fax:
PPB Address (Include Apt. No., City, State, & Zip Code):	PPB Website:	Affiliated PPB Social Media Accounts (Platform, Account Name):
	PPB Mailing Address (ONLY if Different from Physical Location):	

Provide information about each partner, member, officer, manager, or profit sharer holding an equity interest of five per cent or greater of your PPB. (Attach additional pages if necessary)

NAME (First-MI-Last)	ADDRESS (Include Zip Code)
President, Partner, Member, Officer, Manager, Shareholder	
Vice-President, Partner, Member, Officer, Manager, Shareholder	
Secretary, Partner, Member, Officer, Manager, Shareholder	
Treasurer, Partner, Member, Officer, Manager, Shareholder	

Print Name of Applicant: _____

Date: _____

The following questions pertain to you and the partners, members, officers, managers, or profit sharers holding an equity interest of five per cent or greater of your Principal Place of Business. Check your answers. **If answer is "YES" to Questions 3-14, refer to the instructions for additional documents that must be submitted.**

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 or any partner, member, officer, manager, or profit sharer holding an equity interest of five per cent or greater had any application for athlete agent registration ever denied, or any athlete agent registration ever suspended, revoked or otherwise subject to disciplinary action? YES NO
4. Have you or any partner, member, officer, manager, or profit sharer holding an equity interest of five per cent or greater had any application for a state or federal business, professional, or vocational license, other than as an athlete agent, ever denied by a state or federal agency, or any business, professional, or vocational license ever suspended, revoked or otherwise subject to disciplinary action? YES NO
5. Have you or any partner, member, officer, manager, or profit sharer holding an equity interest of five per cent or greater had any application for certification or registration to a professional league or players' association ever denied, or any certification or registration to a professional league or players' association ever suspended, revoked or otherwise subject to disciplinary action? YES NO
6. Have you or any partner, member, officer, manager, or profit sharer holding an equity interest of five per cent or greater been a defendant or respondent in a civil proceeding, including a proceeding seeking an adjudication of incapacity within the past fifteen (15) years? YES NO
7. Do you or any partner, member, officer, manager, or profit sharer holding an equity interest of five per cent or greater have an unsatisfied judgement or a judgement of continuing effect, including support and maintenance or a domestic order in the nature of child support, which is not current as of this date of application? YES NO
8. Were you or any partner, member, officer, manager, or profit sharer holding an equity interest of five per cent or greater adjudicated bankrupt or was an owner of a business that was adjudicated bankrupt within the past ten (10) years? . YES NO
9. Has there been any administrative or judicial determination that you or any partner, member, officer, manager, or profit sharer holding an equity interest of five per cent or greater made a false, misleading, deceptive, or fraudulent representation? YES NO
10. Has there been any instance in which conduct of you or any partner, member, officer, manager, or profit sharer holding an equity interest of five per cent or greater resulted in the imposition of a sanction, suspension, or declaration of ineligibility to participate in an interscholastic, intercollegiate, or professional athletic event on a student athlete or a sanction on an educational institution? YES NO
11. Have you or any partner, member, officer, manager, or profit sharer holding an equity interest of five per cent or greater had any sanction, suspension, or disciplinary action taken arising out of occupational or professional conduct? YES NO
12. Are there any disciplinary actions pending against you or any partner, member, officer, manager, or profit sharer holding an equity interest of five per cent or greater? YES NO
13. Have you or any partner, member, officer, manager, or profit sharer holding an equity interest of five per cent or greater ever pled guilty or no contest to, been convicted of a crime that would involve moral turpitude or be a felony in this State? YES NO
14. Have you or any partner, member, officer, manager, or profit sharer holding an equity interest of five per cent or greater ever been convicted of a crime in any jurisdiction that has not been annulled or expunged? YES NO
15. Are you requesting a temporary registration? YES NO

(CONTINUED ON PAGE 5)

Print Name of Applicant: _____

Date: _____

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 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 registration and is a misdemeanor (Section 710-1017, Sections 436B-19, and 481Z-7, Hawaii Revised Statutes). I further certify that I have read, understand and agree to comply with the provisions of Hawaii Revised Statutes, Chapter 481Z.

Signature of Applicant

Date

Release of Information to Third Party

To assist me in the licensing process, I authorize the staff of DCCA to release any and all information regarding my application (including but not limited to, application status) to:

Print Name of Individual who is assisting you: _____

Signature of Applicant

Date