

## ATHLETE AGENT INFORMATION FOR REGISTRATION

*Checklist for completing the registration process:*

Application should be typed.

Each question should be answered completely. Attach additional sheets if necessary. Please do not leave any fields blank. If a question does not apply, type N/A.

Application must be signed in ink and the signature must be notarized by a Notary Public with affixed seal.

Fieldprint fingerprinting appointment completed. Instructions enclosed.

Submit application to [Secure File Transfer \(Smartsheet\)](#) with the Program "AthleteAgent" selected. Applications submitted as an email attachment will be rejected.

Application processing fee submitted by mail. **Fees are non-refundable.** Please make your check or money order payable to: Oregon Department of Education

Please mail payment and Invoice form to:

**Oregon Department of Education**

**Business Office**

**255 Capitol St. NE**

**Salem, OR 97310**

*Fees are as follows:*

- **\$250.00 Initial Application Fee**
- **\$150.00 Renewal Application Fee**
- **\$150.00 Initial Application Based on Reciprocal Registration/Licensure From a Qualifying State**
- **\$150.00 Renewal Application Based on Reciprocal Registration/Licensure From a Qualifying State.**

Fingerprints, Application and Application fee must be submitted with 30 days of initial submission.

*ODE will accept a copy of the application and the registration/license from another state if:*

- a) *It was submitted within the last six months, and the applicant certifies that the information contained in the application is current.*
- b) *It is signed by the applicant under penalty of perjury.*
- c) *It contains information substantially similar to or more comprehensive than the requirements of Oregon's application. (For information regarding which states qualify, please refer to the [Athlete Agent Reciprocal Eligibility Directory](#))*
- d) **SECTION I & SECTION II** of Oregon's application is completely filled out regardless if this information is already provided on the application from a qualifying state

*Questions regarding this application or the requirements for licensure may be addressed to the Oregon Department of Education: Pupil Transportation & Fingerprinting Unit by phone (971) 208-1974 or by e-mail [athlete@ode.oregon.gov](mailto:athlete@ode.oregon.gov).*

## Payment Submission Form for Oregon Athlete Agent Registration

Please mail this document along with a check or money order payable to: Oregon Department of Education. Submitted applications will not be processed until we have obtained notification from our business office that payment has been received.

*Note: Pages 3-7 of Form 581-2285-O should be submitted to [Secure File Transfer \(Smartsheet\)](#) with the Program "AthleteAgent" selected. Please do not submit the application with this document.*

Date documents submitted via Secure File Transfer	Check #	Amount \$

Athlete Agent (Full Name)	<i>Phone Number</i>
Mailing Address, City, State, Zip	<i>Return E-Mail Address (for results and questions)</i>

<b><u>OFFICIAL USE ONLY</u></b>
Date Approved/Denied:
Approved/Denied By:
Permit Number:
Expires:

**APPLICATION FOR REGISTRATION AS AN ATHLETE AGENT**

*(Upon approval, certification is valid for 2 years)*

Select One (Fees are non-refundable)

**\$250.00 Initial Application Fee**

**\$150.00 Renewal Application Fee**

**\$150.00 Initial Based on Reciprocal Registration/Licensure  
From a Qualifying State**

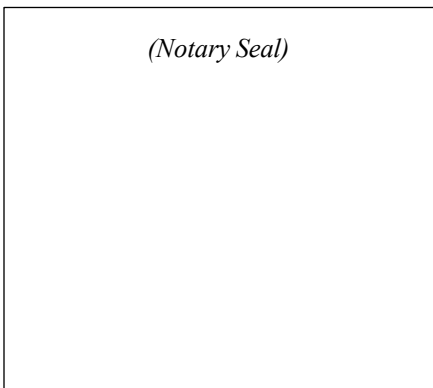
**\$150.00 Renewal Based on Reciprocal Registration/Licensure  
From a Qualifying State**

*Please type or print clearly with blue or black ink. If a question does not apply, type N/A.*

**SECTION I**

**AFFIRMATION/AFFIDAVIT OF NOTARY:**

In submitting this application for registration as an athlete agent in the state of Oregon, I do hereby swear or affirm that I have reviewed the information contained herein and on any attachments hereto, and that such information is correct and true to the best of my knowledge. I understand that providing false information in this application constitutes cause for denial or revocation of my application and could subject me to criminal prosecution for perjury. I acknowledge that I have a duty and agree to update and correct this information as it changes. I am aware that, should an investigation at any time disclose any such misrepresentation or falsification, my application could be rejected or my registration revoked and that I may be subject to prosecution in the state of Oregon.



**Signature of Applicant:** \_\_\_\_\_

**Printed Name of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**State of \_\_\_\_\_, County of \_\_\_\_\_.**

**Signed and sworn to (or affirmed) before me this \_\_\_\_\_**

**Signature of Notary Public:** \_\_\_\_\_

**Printed Name of Notary Public:** \_\_\_\_\_

**My Commission Expires:** \_\_\_\_\_

## SECTION II

### APPLICANT INFORMATION:

1.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Date of Birth (MM/DD/YYYY) \_\_\_\_\_ SSN \_\_\_\_\_ Home/Mobile Phone Number \_\_\_\_\_  
Place of Birth: \_\_\_\_\_

## SECTION III

### CURRENT EMPLOYMENT INFORMATION:

2.

Name of Business or Employer \_\_\_\_\_ Business E-Mail \_\_\_\_\_  
Principal Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Business Phone Number \_\_\_\_\_ Business Fax Number \_\_\_\_\_ Business Type \_\_\_\_\_

### PREVIOUS EMPLOYMENT INFORMATION:

3. Please list any business(es) or occupation(s) in which you have engaged in for the past five years, including self-employment.

**SOCIAL MEDIA:**

4. Please list each social media account and user name with which you or your business or employer are affiliated.

5. Please describe your formal training, practical experience and educational background as an athlete agent:

**REFERENCES:**

6. Please list the names, addresses, and phone numbers of 3 people that are **not a relative or an office co-worker** of the applicant.

<u>Name</u>	<u>Address</u>	<u>Phone Number</u>

## SECTION 6

### **BUSINESS/CORPORATION INFORMATION:**

7. If your business IS NOT a corporation please list the names and addresses of all partners, members, officers, managers, associates, or profit sharers of the business. If your business IS a corporation or you are employed as an agent by a corporation, please list the officers, directors, and any shareholders of the corporation having an interest of five percent (5%) or greater.

### **ADMINISTRATIVE AND JUDICIAL PROCEEDINGS**

- |  |            |           |
|--|------------|-----------|
| 8. Has there ever been any denial of an application for, suspension or revocation of, refusal to renew, or abandonment of, the registration or licensure of yourself or any person named in your answer to Question 4 as an athlete agent in any state?  | <i>Yes</i> | <i>No</i> |
| 9. Have you pleaded guilty or no contest to, has been convicted of, or has charges pending for a crime listed on the <a href="#">Forever Crime List</a> from ORS 342.143?  | <i>Yes</i> | <i>No</i> |
| 10. Have you or anyone listed in your answer to Question 7 has pleaded guilty or no contest to, has been convicted of, or has charges pending for a crime that, if committed in Oregon, would be a crime involving moral turpitude or a felony?  | <i>Yes</i> | <i>No</i> |
| 11. Has there been any administrative or judicial determination that you or any person named in your answer to Question 7 has made a false, misleading, deceptive, or fraudulent representation?   | <i>Yes</i> | <i>No</i> |
| 12. Has there ever been a sanction, suspension, or disciplinary action taken against you or any person in your answer to Question 7?   | <i>Yes</i> | <i>No</i> |
| 13. Has your conduct or that of any person named in your answer to Question 7 ever 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 an educational institution? | <i>Yes</i> | <i>No</i> |
| 14. Have you or your business, within the 10 years preceding the date of submission of the application, ever declared bankruptcy?  | <i>Yes</i> | <i>No</i> |
| 15. Have you or anyone listed in your answer to Question 7 an unsatisfied judgment or order or a judgment of continuing effect for spousal support or child support and the applicant or person is in arrears as of the date of the application?   | <i>Yes</i> | <i>No</i> |

*If you answered "yes" to any of the above, please attach an additional page with a statement of (i) the nature, circumstances, date, and location, and (ii) whether the matter is on appeal. Also attach copies of related documentation, including settlement agreement, court order and sentence, and papers pertaining to release from probation, if applicable.*

## SECTION 7

### PROFESSIONAL SPORTS EXPERIENCE:

16. Please list each state in which you are currently registered or have applied to be registered as an athlete agent:

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17. Please list any professional or occupational licenses, registrations, or certifications held within the last 5 years.

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18. Please list the name, sport and team of each **Student Athlete** to whom you have acted as an Athlete Agent in the last 5 years. If the athlete is a minor, the name of the parent or guardian of the athlete.

**Do not include a player list for your entire agency** if it includes players for whom you have not acted as an agent.

<u>Name of Student Athlete</u>	<u>Sport</u>	<u>Interscholastic/Intercollegiate Sports Team</u>

Please list the name and contact information of the Athletic Director(s) for the Student Athlete(s) listed above.

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**CRIMES RELATING TO QUESTION 1  
OREGON LAWS**

163.095	Aggravated Murder	167.090	Publicly Displaying Nudity or Sex for Advertising Purposes
163.107	Murder in the First Degree		
163.115	Murder in the Second Degree	475.808	Unlawful manufacture of hydrocodone within 1,000 feet of school
163.185	Assault in the First Degree		
163.235	Kidnapping in the First Degree	475.810	Unlawful delivery of hydrocodone
163.355	Rape in the Third Degree	475.812	Unlawful delivery of hydrocodone within 1,000 feet of school
163.365	Rape in the Second Degree		
163.375	Rape in the First Degree	475.818	Unlawful manufacture of methadone within 1,000 feet of school
163.385	Sodomy in the Third Degree		
163.395	Sodomy in the Second Degree	475.820	Unlawful delivery of methadone
163.405	Sodomy in the First Degree	475.822	Unlawful delivery of methadone within 1,000 feet of school
163.408	Unlawful Sex Penetration in the Second Degree		
163.411	Unlawful Sex Penetration in the First Degree	475.828	Unlawful manufacture of oxycodone within 1,000 feet of school
163.415	Sexual Abuse in the Third Degree	475.830	Unlawful delivery of oxycodone
163.425	Sexual Abuse in the Second Degree	475.832	Unlawful delivery of oxycodone within 1,000 feet of school
163.427	Sexual Abuse in the First Degree		
163.432	Online Sexual Corruption of a Child in the Second Degree	475.848	Unlawful Manufacture of Heroin within 1,000 Feet of School
163.433	Online Sexual Corruption of a Child in the First Degree	475.852	Unlawful Delivery of Heroin within 1,000 Feet of School
163.435	Contributing to the Sexual Delinquency of a Minor	475.868	Unlawful Manufacture of 3, 4-Methylenedioxymethamphetamine within 1,000 Feet of School
163.445	Sexual Misconduct		
163.465	Public Indecency	475.872	Unlawful Delivery of 3, 4-Methylenedioxymethamphetamine within 1,000 Feet of School
163.515	Bigamy		
163.525	Incest		
163.547	Child Neglect in the First Degree	475.878	Unlawful Manufacture of Cocaine within 1,000 Feet of School
163.575	Endangering the Welfare of a Minor		
163.670	Using Child in Display of Sexually Explicit Conduct	475.880	Unlawful Delivery of Cocaine
		475.882	Unlawful Delivery of Cocaine within 1,000 Feet of School
163.675	Sale of Exhibition of Visual Reproduction of Sexual Conduct by Child	475.888	Unlawful Manufacture of Methamphetamine within 1,000 Feet of School
163.680	Paying for Viewing Sexual Conduct Involving a Child	475.890	Unlawful Delivery of Methamphetamine
163.684	Encouraging Child Sex Abuse in the First Degree	475.892	Unlawful Delivery of Methamphetamine within 1,000 Feet of School
163.686	Encouraging Child Sex Abuse in the Second Degree	475.904	Unlawful Manufacture or Delivery of Controlled Substance within 1,000 Feet of School
163.687	Encouraging Child Sex Abuse in the Third Degree		
163.688	Possession of Materials Depicting Sexually Explicit Conduct of a Child in the First Degree	475.906	Penalties for Distribution to Minors
163.689	Possession of Materials Depicting Sexually Explicit Conduct of a Child in the Second Degree	161.405	Attempt to Commit Any of the Above-Listed Crimes
164.325	Arson in the First Degree		
164.415	Robbery in the First Degree		
166.005	Treason		
166.087	Abuse of Corpse in the First Degree		
167.007	Prostitution		
167.008	Commercial Sexual Solicitation		
167.012	Promoting Prostitution		
167.017	Compelling Prostitution		
167.057	Luring a Minor		
167.062	Sadomasochistic Abuse or Sexual Conduct in Live Show		
167.075	Exhibiting an Obscene Performance to a Minor		
167.080	Displaying Obscene Materials to Minors		



## **PRIVACY ACT STATEMENT**

**Authority:** The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Principal Purpose:** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

**Routine Uses:** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

### **Applicant Notification and FBI Record Access and Amendment**

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34. You can find additional information on the FBI website at <https://www.fbi.gov/about-us/cjis/background-checks>



To schedule a fingerprinting appointment, please follow these simple instructions:

1. Visit [www.FieldprintOregon.com](http://www.FieldprintOregon.com)
2. Click on the “Schedule an Appointment” button.
3. Enter an email address under “New Users/Sign Up” and click the “Sign Up” button. Follow the instructions for creating a Password and Security Question and then click “Sign Up and Continue”.
4. Enter the Fieldprint Code: [FPORDOEAthleteAgentsDAS](#)
5. Enter the contact and demographic information required by the FBI and schedule a fingerprint appointment at the location of your choosing.
6. At the end of the process, print the Confirmation Page. Take the Confirmation Page with you to your fingerprint appointment, along with two forms of identification.
7. If you have any questions or problems, you may contact our customer service team at 877-614-4364 or [customerservice@fieldprint.com](mailto:customerservice@fieldprint.com).