

REQUEST TO CHANGE OREGON ATHLETE AGENT INFORMATION

Type-Fill and complete lines 1-11.

Personal Information:

1. Permit #: Expiration Date:
2. Name (LAST) (FIRST) (MIDDLE INITIAL)
- 2a. Previous Name Used (if applicable) (LAST) (FIRST) (MIDDLE INITIAL)
3. Home Address Zip Code
(Street or PO Box) (City) (State)
4. Home/Mobile Phone Number

Employment Information:

5. Current Employment/Business Name
6. Business Type: Sole Proprietor Partnership Corporation Association Other
7. Business Address Zip Code
(Street or PO Box) (City) (State)
8. Business Phone Number Business Fax Number
9. Email Address
10. Previous Employment/Business Name (if applicable):

I understand that providing false information on this document constitutes cause for revocation of my Oregon Athlete Agent Permit 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 registration could be revoked and that I may be subject to prosecution in the state of Oregon.

11. Athlete Agent Signature _____ Date