

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 _____