

Form Name: 2021 NBPA Agent Application
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2021 NBPA CERTIFIED AGENT APPLICATION

Consent & Release

Name Mr John Jacob J Smith Jr

Select an Identification Type: Social Security Number

Social Security Number Testing

National Identification Number Testing

Address 123 S Main
Mayberry, IN 46251
United States

Date Of Birth 08/01/2020

Email john.smith@example.com

Birthplace Testing

Primary Phone Number +11235557890

Fax Number (123) 555-7890

Driver's License Number Testing

State Issued Testing

Passport ID Number Testing

Country Issued Testing

Website Testing

Instagram Testing

LinkedIn Testing

Twitter Testing

Facebook Testing

I hereby authorize the National Basketball Players Association and all of its agents to request and receive any information and records concerning me, including, but not limited to, consumer credit, criminal record history, driving, employment, military, civil, regulatory, educational data, and reports from individuals, corporations, partnerships, courts, law enforcement, and licensing agencies, consumer reporting agencies, and other entities, including my present and previous employers. I further release and discharge the National Basketball Players Association, all of its agents and all of its subsidiaries and affiliates, and every employee or agent of any of them, and all individuals and personal, business, private, or public entities of any kind, from any and all claims and liability arising out of any request(s) for, or receipt of, information or records pursuant to this authorization, or arising out of any compliance, or attempted compliance, with such request(s). I also authorize the procurement of an investigative consumer report and understand that it may involve personal interviews with sources such as friends, neighbors and associates, and may contain information about my character, general reputation, personal characteristics, and mode of living, whichever are applicable. I understand that I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation. I acknowledge that I have voluntarily provided the above information for qualification as an NBPA Certified Player Agent, and I have carefully read and I understand this authorization. Further, I understand that the National Basketball Players Association or its agents have the right to periodically request and receive any information and

records concerning me during the time period I remain an NBPA Certified Player Agent and that any information obtained during the initial investigation or any follow-up investigation may be provided to Players and their family members who are advising them in their selection of an agent. The following is my true and complete legal name and all of the information is true and correct to the best of my knowledge.

John Smith

Application Agreement

Application Agreement Signature



Section 1 | General

A | Have you ever been known by any other name or surname?

No

If yes, state all names used and when used:

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If a married woman, please give a maiden name:

Testing

C | Spouse Information

Mr John Jacob J Smith Jr

Name of Spouse's Employer

Testing

Spouse Employer's Address

123 S Main
Mayberry, IN 46251
United States

Does spouse have any business relationship with the National Basketball Association or its clubs?

Yes

If yes, specify in detail:

Lorem ipsum dolor sit amet, consectetur adipisicing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat. Duis aute irure dolor in reprehenderit in voluptate velit esse cillum dolore eu fugiat nulla pariatur. Excepteur sint occaecat cupidatat non proident, sunt in culpa qui officia deserunt mollit anim id est laborum.

Section 2 | Education

A | Law or other Graduate School attended:

Testing

City, State

Testing

Dates of Attendance	Aug 2020
To:	Aug 2020
Degree	Testing
Date Awarded:	08/01/2020
1. School	Testing
City, State	Testing
Degree	Testing
Dates Attended	Testing
2. School	Testing
City, State	Testing
Degree	Testing
Dates Attended	Testing
3. School	Testing
City, State	Testing
Degree	Testing
Dates Attended	Testing
4. School	Testing
City, State	Testing
Degree	Testing
Dates Attended	Testing
C High School Attended:	Testing
Date Graduated	Testing

If you have not received a degree from an accredited four-year college/university, list below the negotiating experience you wish the Committee to consider in lieu of any year(s) of education.

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Section 3 | Employment

A I am currently:	Unemployed
Employer Name	Testing
Employer Phone	(123) 555-7890
Employer Address	123 S Main Mayberry, IN 46251 United States
Nature of Employment	Testing
Dates of Employment	Testing
If self-employed, please state nature and location of business:	Lorem ipsum dolor sit amet, consectetur adipisicing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat. Duis aute irure dolor in reprehenderit in voluptate velit esse cillum dolore eu fugiat nulla pariatur. Excepteur sint occaecat cupidatat non proident, sunt in culpa qui officia deserunt mollit anim id est laborum.

B Please list below the names of employers, addresses, positions held, and dates of all employment you have had for the past ten (10) years:	Lorem ipsum dolor sit amet, consectetur adipisicing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat. Duis aute irure dolor in reprehenderit in voluptate velit esse cillum dolore eu fugiat nulla pariatur. Excepteur sint occaecat cupidatat non proident, sunt in culpa qui officia deserunt mollit anim id est laborum.
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Section 4 | Lawyers and Law Graduates

A Have you been admitted to the Bar in any jurisdiction?	No
Jurisdiction	Testing
Date of Admission	Aug 01, 2020
Jurisdiction	Testing
Date of Admission	Aug 01, 2020
Jurisdiction	Testing
Date of Admission	Aug 01, 2020

B Do you have any applications for Bar admission currently pending?	No
--	----

If yes, please state where you have applied and the status of that application:

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C | Have you ever been disbarred, suspended, reprimanded, censured, or otherwise disciplined or disqualified as an attorney, as a member of any other profession, or as a holder of any public office?

Yes

If yes, please describe each such action, the dates of occurrence, and the name and address of the authority imposing the action in question:

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D | Are any charges or complaints currently pending against you regarding your conduct as an attorney, as a member of any profession, or as a holder of public office?

Yes

If yes, please indicate the nature of the charge or complaint and the name and address of the authority considering it:

Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat. Duis aute irure dolor in reprehenderit in voluptate velit esse cillum dolore eu fugiat nulla pariatur. Excepteur sint occaecat cupidatat non proident, sunt in culpa qui officia deserunt mollit anim id est laborum.

E | Has your right to practice before any governmental office, bureau, agency, commission, etc. ever been disqualified, suspended, withdrawn, denied, or terminated?

Yes

If yes, please explain fully:

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Section 5 | Professional Licenses (Other Than Law)

A | Are you a member of any business or professional organization which directly relates to your occupation or profession?

No

If yes, please list:

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B | Please list any occupational or professional licenses or other similar credentials (e.g., Certified Public Account, Chartered Life Underwriter, Registered Investment Advisor, etc.) you have obtained other than college or graduate school degrees, including dates obtained:

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C | Have you ever been denied an occupational or professional license, franchise or other similar credentials for which you applied?

No

If yes, please explain fully:

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D | Do you have currently pending any application for an occupational or professional license, franchise or other similar credentials?

No

If yes, please describe and indicate status of each such application:

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E | Have you ever been suspended, reprimanded, censured, or otherwise disciplined or disqualified as a member of any profession, or as a holder of any public office?

Yes

If yes, please describe each such action, the date(s) of occurrence, and the name and address of the authority imposing the action in question:

Lorem ipsum dolor sit amet, consectetur adipisicing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat. Duis aute irure dolor in reprehenderit in voluptate velit esse cillum dolore eu fugiat nulla pariatur. Excepteur sint occaecat cupidatat non proident, sunt in culpa qui officia deserunt mollit anim id est laborum.

F | Are any charges or complaints currently pending against you regarding your conduct as a member of any profession, or as a holder of public office?

Yes

If yes, please indicate the nature of the charge or complaint and the name and address of the authority considering it:

Lorem ipsum dolor sit amet, consectetur adipisicing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat. Duis aute irure dolor in reprehenderit in voluptate velit esse cillum dolore eu fugiat nulla pariatur. Excepteur sint occaecat cupidatat non proident, sunt in culpa qui officia deserunt mollit anim id est laborum.

G | Has your right to engage in any profession or occupation ever been disqualified, suspended, withdrawn, or terminated?

Yes

If yes, please explain fully:

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Section 6 | Legal Proceedings

A | Have you ever been charged with, indicted for, convicted of, or pled guilty (including a plea of no contest or nolo contendere) to a criminal charge, other than minor traffic violations (\$100 fine or less)?

Yes

If yes, please indicate nature of offense, date of conviction, criminal authority involved, and punishment assessed.

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B | Have you ever been a defendant in any civil proceedings, including bankruptcy proceedings, in which allegations of fraud, misrepresentation, embezzlement, misappropriation of funds, conversion, breach of fiduciary duty, forgery, or legal malpractice were made against you?

Yes

If yes, please describe fully and indicate results of the civil proceeding(s) in question:

Lorem ipsum dolor sit amet, consectetur adipisicing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat. Duis aute irure dolor in reprehenderit in voluptate velit esse cillum dolore eu fugiat nulla pariatur. Excepteur sint occaecat cupidatat non proident, sunt in culpa qui officia deserunt mollit anim id est laborum.

C | Have you ever had legal proceedings brought against you by any player, players association, professional sports club or league (NBA or otherwise) for any reason?

No

If yes, please describe fully and indicate the results of the legal proceeding in question:

Lorem ipsum dolor sit amet, consectetur adipisicing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat. Duis aute irure dolor in reprehenderit in voluptate velit esse cillum dolore eu fugiat nulla pariatur. Excepteur sint occaecat cupidatat non proident, sunt in culpa qui officia deserunt mollit anim id est laborum.

D | Have you ever been adjudicated insane or legally incompetent by any court?

Yes

If yes , please provide details:

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E | Were you ever suspended or expelled from any college, university or other educational institution?

No

If yes, please describe circumstances:

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F | Has any surety or any bond on which you were covered been required to pay any money on your behalf?

Yes

If yes, please describe circumstances:

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G | Are there any unsatisfied judgments or liens of continuing effect against you (other than alimony or child support)?

No

If yes, please provide full details :

Lorem ipsum dolor sit amet, consectetur adipisicing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat. Duis aute irure dolor in reprehenderit in voluptate velit esse cillum dolore eu fugiat nulla pariatur. Excepteur sint occaecat cupidatat non proident, sunt in culpa qui officia deserunt mollit anim id est laborum.

H | Have you ever been declared bankrupt or been an owner or part owner of a business which has declared bankruptcy?

No

If yes, provide full details:

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Section 7 | References

Name	Mr John Jacob J Smith Jr
Phone	(123) 555-7890
Address	123 S Main Mayberry, IN 46251 United States
Name	Mr John Jacob J Smith Jr
Phone	+11235557890
Address	123 S Main Mayberry, IN 46251 United States
Name	Mr John Jacob J Smith Jr
Phone	+11235557890
Address	123 S Main Mayberry, IN 46251 United States
Name	Mr John Jacob J Smith Jr
Phone	+11235557890
Address	123 S Main Mayberry, IN 46251 United States
Name	Mr John Jacob J Smith Jr
Phone	+11235557890
Address	123 S Main Mayberry, IN 46251 United States

Section 8 | Professional Sports Experience

A | Please list below the names of every NBA player, including rookies, you are now representing or have represented in the past in individual contract negotiations with NBA clubs, indicating the dates of such representation, the NBA club(s) involved, and whether your representation in each instance was pursuant to the NBPA's Standard Player Agent Contract:

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B | Apart from basketball, list any other professional sports in which you currently represent or have previously represented any professional athletes, and for each such sport specify the number of athletes you currently represent.

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C | Have you ever applied to be certified as a player agent pursuant to any other sports union's regulations?

Yes

If yes, please provide the name of the sports union, the date of your application, and the outcome of that application. If your application was denied, please provide a copy of that decision, including the decision from any appeal you may have filed.

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D | Have you ever been subject to disciplinary action by another sports union?

No

If yes, please provide the outcome of that proceeding and a copy of the decision, including the decision from any appeal you may have filed.

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E | Are you registered or have you applied to be registered pursuant to any law, statute, or regulation governing athlete's agents, whether within or outside the United States?

No

If yes, please provide the name of the sports union, the date of your application, and the outcome of that application. If your application was denied, please provide a copy of that decision, including the decision from any appeal you may have filed.

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F | Please list below the names of any other professional athletes, entertainers, or celebrities you are now representing or have represented in the past, indicating the type of representation, the dates of representation, and the employers involved.

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Section 9 | Management Personnel

A | List the names of any coaches, general managers, or other management officials of any NBA team that you presently are representing or have represented in the past in individual contract negotiations with their respective team, including the date(s) of such representation:

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B | Do you have a financial or business relationship with any coach, general manager, owner, or other management official of any professional basketball team, club, or league located within or outside the United States?

No

Please provide details:

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Section 10 | Fees

A | If you (or any affiliated company) provide any of the services other than contract negotiation, please specify your customary fees for each such service; whether they are based on a percentage of the Player's salary you negotiate, his total income, an hourly fee, or some other arrangement; and the relationship, if any, of such fees to the fees you charge for player contract negotiations and related services.

Lorem ipsum dolor sit amet, consectetur adipisicing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat. Duis aute irure dolor in reprehenderit in voluptate velit esse cillum dolore eu fugiat nulla pariatur. Excepteur sint occaecat cupidatat non proident, sunt in culpa qui officia deserunt mollit anim id est laborum.

B | If you provide contract negotiating services for players who seek to play professional basketball outside the United States, please specify your customary fees for such services and the nature of any fee sharing arrangement you have with any entity that assists you in negotiating such contracts.

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C | Do you bill the player for your expenses in connection with the services referred to above?

No

If yes, on what basis do you bill (e.g., itemized out-of-pocket, daily rate or other basis)?

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Do you allocate proportionate expenses among various player clients?

No

If yes, describe method of allocation.

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D | What, if any, additional charges do you customarily bill for other financially related work?

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E | When is the player expected to pay your fees for such services?

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F | Do you, any persons previously listed in this application, or any affiliated organization(s) on your behalf receive any fees, commissions, rebates or other compensation, other than as paid directly by a player client, as a result of:

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(1) the player purchasing any securities or funds (stocks, bonds, mutual funds, etc.)?

Yes

(2) the player investing in any investment vehicles (partnerships, businesses, corporation, venture capital program, etc.)?

No

(3) the player purchasing any form of insurance (disability, life, casualty, etc.)?

Yes

(4) the player making any endorsements, appearances or other licensing arrangements?

Yes

If you answered "yes" to any of questions (1)-(4), please explain in detail the compensation that is received.

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Are these additional forms of compensation fully disclosed to the player?

No

In writing?

Yes

Are these additional forms of compensation deducted from the fees you charge as set forth in Section 10 Question A?

Yes

Section 11 | File Uploads

Government Issued Photo ID #1 <http://www.formstack.com/images/formstack-logo.png>

Government Issued Photo ID #2 <http://www.formstack.com/images/formstack-logo.png>

Copy of Highest Diploma or Relevant Negotiating Experience

<http://www.formstack.com/images/formstack-logo.png>

Additional Supporting Documents (Optional)

<http://www.formstack.com/images/formstack-logo.png>

Section 12 | Payment Information

Name of Applicant (As shown on W9 or W-8BEN) Testing

Business Name, If Applicable Testing

Employer Identification Number (EIN) or Social Security Number or Foreign Taxpayer Identification Number (FTIN) Testing

Lorem ipsum dolor sit amet

Address 123 S Main
Mayberry, IN 46251
United States

Phone +11235557890

Email john.smith@example.com

Attach completed IRS W-9 (W-8BEN For International Applicants) <http://www.formstack.com/images/formstack-logo.png>

Payment Method International Applicant

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Payment Information Signature



Date/Time Aug 01, 2020