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PHPA AGENT PROGRAM APPLICATION "A"

I,_____, hereby apply for certification under the PHPA Certified Agent Program pursuant to the PHPA Regulations Governing Agent Certification (the "Regulations"), and confirm that I currently represent one or more Players in the American Hockey League ("AHL") or ECHL.

I (check one):

- ☐ Have been previously certified by the PHPA or the NHLPA
- ☐ Have not been previously certified by the PHPA or NHLPA

Prior to completing and signing this Application, I have received and read the PHPA Regulations Governing Agent Certification (the "Regulations").

I further agree that, for each Player I represent under an AHL or ECHL Standard Player-Agent Contract ("SPAC"), I shall execute, maintain, and file the required SPAC in accordance with the Regulations.

By submitting this Application, I voluntarily agree to comply with and be bound by the Regulations, as amended from time to time, which are incorporated into this Application by reference.

I understand that absolute and complete candor is required. Any false, misleading, or incomplete statement in this Application may result in denial, suspension, revocation, or other disciplinary action affecting my certification under the PHPA Certified Agent Program, in accordance with the Regulations.

I understand that this Application and the information provided are intended to benefit the PHPA and its Members, present and future, by helping ensure qualified representation. I agree that the information contained herein may be maintained and used by the PHPA in carrying out its functions and may be provided to individual players, including future players.

If granted certification under the PHPA Certified Agent Program, I shall save and hold harmless the PHPA, its officers, employees, committee members, and representatives from any liability arising from my own acts or omissions while providing services to any Player.

If my Application is denied, or if my certification is later suspended or revoked in accordance with the Regulations, I acknowledge that my rights and remedies are limited to those provided in the Regulations.

In consideration of the PHPA reviewing this Application, I acknowledge that this Application, together with the Regulations, constitutes an agreement between the PHPA and me regarding my Application for Certification and, if approved, my continued certification.

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ALL QUESTIONS MUST BE ANSWERED COMPLETELY

A. GENERAL

1.

Full Name: _____

Home Address: _____

Cell Phone: _____

Social Insurance # (CAN): _____

Social Security # (U.S.A): _____

Date of Birth (mm/dd/yyyy): _____

Name of Agency: _____

Business Address: _____

Business Phone: _____

E-mail: _____

Website: _____

2. Have you ever been known by any other name or surname? If so, state all names used and when used:

_____

If you are a married woman, please state your maiden name: _____

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3. Law or Graduate School(s) attended:

(School)	(City, State/Province)	(Degree)	(Date Awarded)
(School)	(City, State/Province)	(Degree)	(Date Awarded)

4. Colleges or Universities Attended:

(School)	(City, State/Province)	(Degree)	(Date Awarded)
(School)	(City, State/Province)	(Degree)	(Date Awarded)

5. High School Attended

(School)	(City, State/Province)	(Degree)	(Date Awarded)
(School)	(City, State/Province)	(Degree)	(Date Awarded)

B. EMPLOYMENT STATUS & PERSONAL AFFILIATIONS

6. State the name, nature and location of each business, firm or organization with which you're presently affiliated:

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7. What is the nature of your affiliation to each business, firm or organization referred to in question 6 above (i.e. employee, officer, director)?

8. For the past 10 (ten) years state the nature and location of each business, firm or organization with which you were formerly affiliated, and provide the relevant dates of each affiliation:

9. For each business, firm or organization with which you are presently affiliated, identify all offices (including address and telephone number) at which the business of providing services to professional athletes is conducted. If there is more than one location, designate the principal office:

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10. For each business, firm or organization with which you are presently affiliated, state whether it is for a sole proprietorship, corporation, partnership, or other entity (specify):

11. For each such business, firm or organization with which you are presently affiliated:

(a): if it is a partnership, state the name of each partner;

(b): if it is a corporation, state the name of each officer, member of the Board of Directors and shareholder

12. For each of the individuals referred to in question 11, identify those partners, officers or members of the Board of Directors, or shareholders who perform work for professional athletes:

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13. Identify each person, not named in question 12 above, who: (a) has any ownership interest in each business, firm or organization with which you are presently affiliated; (b) has wholly or partially financed each business, firm or organization with which you are presently affiliated; or (c) directly or indirectly exercises or has the power to exercise a controlling influence over the management of each business, firm or organization with which you are presently affiliated:

14. Describe the ownership interest, amount of financing, and/or basis of controlling influence or authority for each person listed in question 13 above. If the business, firm or organization listed in this response is a partnership, list each partner, if a corporation, list each officer, member of the Board of Directors and shareholder:

15. With respect to each business, firm or organization with which you are presently affiliated list all persons engaged in the representation of professional athlete(s) and his/her area(s) of speciality, if any:

C. PROFESSIONAL REPRESENTATION EXPERIENCE

16. Please list below (or attach a separate list) the names of all AHL and ECHL Players whom you currently represent, together with the date on which your representation commenced.

Player	Date

Important: Applicants must submit at least one (1) executed PHPA SPAC for a Player listed above with this Application as evidence of active representation. Upon certification, any additional PHPA SPACs for Players listed above that have not previously been filed with the PHPA must be submitted within ten (10) calendar days of certification. Thereafter, all newly executed PHPA SPACs must be filed with the PHPA within ten (10) calendar days of execution in accordance with Section 5 of the PHPA Regulations Governing Agent Certification.

17. List the names of all past or present General Managers, Coaches, Scouts or other officials or employees of any professional hockey clubs, the AHL, ECHL, or any affiliate of any of the foregoing, that you have represented in the past in individual contract negotiations:

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18. Apart from professional hockey, list any other professional sports in which you currently represent or have previously represented any professional athletes, state where you have been approved or certified as an agent in such sport (and the date of approval) and for each such sport specificity the number of athletes you currently represent:

19. Please list 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:

D. SERVICES AND FEE ARRANGEMENTS

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20. What services and fees do you and your business, firm or organization provide/charge to Players? If the fee is a percentage specify the percentage. If it is an hourly fee, specify the hourly rate. If the fee charged is based on some other arrangement, specify the amounts charged for each service (Place a check next to each service provided).

Services	**Service**	**Fee**
Contract Negotiation		
Financial Planning		
Investment Counselling		
Estate Planning		
Tax Planning		
Appearances/Endorsements		
Other		

21. If you do not provide services in one or more of these areas, do you make referrals or otherwise assist the Player in securing such services? If so, describe what you do in that regard (include name and address of each individual/firm to which you refer Players for each such service):

_____

_____

_____

22. With respect to the areas in which you do not provide services, do you: (a) have an ownership

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interest in; (b) wholly or partially finance; or (c) directly or indirectly exercise a controlling influence over any business, firm or organization that does provide such services? Describe:

_____

_____

_____

If so, list the name and address of each business, firm or organization, the services it provides, and a detailed explanation of your relationship to and/or involvement with it (including financial relationships):

_____

_____

_____

23. Do you have an agreement, understanding or referral relationship of any kind with any individual, business, firm or organization pursuant to which such individual business, firm or organization solicits or encourages Players to use your services? _____

Do you provide any compensation or other considerations to such individuals, businesses, firms or organizations? _____

If so, explain and include the name and address of each such individual, business, firm or organization.

_____

_____

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_____

24. Specify your fee for each service for each player listed in Question Nos. 22 and 23 above. If the fee is a percentage, specify the percentage. If it is an hourly fee, specify the hourly rate. If the fee charged is based on some other arrangement, specify the amounts charged for each service pursuant to such arrangement.

_____

_____

_____

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

_____

_____

_____

26. When is the Player expected to pay your fees for such services?

_____

27. Do you handle and/or manage money for your Player clients? _____ Are you bonded? _____

If so, list surety, amount of bond and expiration date of current policy:

_____

_____

_____

28. Has any surety or any bond on which you were covered been required to pay any money on your behalf? _____

If so, describe the circumstance and dates:

_____

_____

_____

E. LAWYERS AND LAW GRADUATES

29. Name all jurisdictions and courts in which you are admitted to practice law. Include dates of admission, attorney registration number, and status (e.g. active, inactive, non-resident, suspended, etc.) (If you are admitted in the State of New York, specify which Departments)

Jurisdiction	Date of Court Admission	Attorney Registration #	Status

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30. Have you ever been denied admission to the practice of law in any jurisdiction (other than for failure of the bar examination) or been denied access to the bar exam of any jurisdiction? If so, provide a detailed explanation of the reason you were denied and the name of the jurisdiction in which you were denied.

Yes _____ No _____

_____

_____

_____

31. Have you ever had your fitness to practice law questioned through an informal interview, formal hearing, or through any other means? If so, provide a detailed explanation of each instance including the reason(s) for inquiry, nature of questioning and final outcome.

Yes _____ No _____

_____

_____

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32. Name all jurisdictions to which you have applied for a license to practice law but to which you have not been admitted to practice law. Include any jurisdictions from which you have withdrawn an application or in which an application is currently pending. Indicate whether the application was on-motion or exam, date filled or date of exam (if applicable), result (e.g. pass, fail, application pending, withdrawn) and if not yet admitted, anticipated date of admission.

Jurisdiction	Application Type	Date Filed	Result	Anticipated Admission Date (if applicable)

33. Has your license to practice law in each of the locations specified above ever been limited, restricted, suspended, or revoked (including periods of inactive or non-resident status) since the date of your admission? If so, provide dates during which it has been limited, the nature of the limitation, the facts, and the name and address of the person or authority in possession of the records relating to the matter.

Yes _____ No _____

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34. Provide the name. Location and dates of admission of each bar association of which you are or have been a member.

_____

_____

_____

F. ALL APPLICANTS

35. Are you a member of any business or professional organization which directly relates to your occupation or profession? If yes, please list:

_____

_____

_____

36. Please list and occupational certifications professional licenses or other similar credentials (i.e Certified Public Accountant, Registered Investment Advisor, etc.) you have obtained other than college or graduate school degrees, including dates obtained:

_____

_____

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37. Have you ever been denied an occupational certification license, franchise or other similar credentials for which you applied? If so, why? Please explain fully:

38. Do you have currently pending any application for occupational certification or professional license, franchise or other similar credentials. If so, why? Please describe and indicate the statuses of each such application:

39. Has your right to engage in any profession or occupation ever been disqualified, suspended, withdrawn, or terminated? If Yes, please explain fully:

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40. Are you registered or have you applied to be registered by any state or province which has promulgated statuses regulating athlete agents? If Yes, list states and status of registration:

_____

_____

_____

41. Have you ever had registration denied, suspended or revoked by any state or province which has promulgated statuses regulating agents? If yes, please explain fully?

_____

_____

_____

42. Have you ever been convicted of or plead guilty to a criminal charge, other than minor traffic violations ($100 fine or less)? If yes, please indicate the nature of offense, date of conviction, criminal involved, and punishment assessed.

_____

_____

_____

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43. 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? If Yes, please describe fully and indicate results of the civil proceeding(s) in question:

_____

_____

_____

44. Have you ever had an investigation, disciplinary proceeding or legal proceedings initiated against you by any player, player's association, professional club or league (NHL or otherwise) or had certification or approval to represent players in any other professional sport denied or revoked for any reason? If Yes, please describe fully and indicate the results of the action in question:

_____

_____

_____

45. Have you ever initiated legal proceedings (including arbitration) against any player for any reason? If Yes, please describe fully and indicate the results of the civil action in question:

_____

_____

_____

46. Have you ever been adjudicated insane or legally incompetent by any court? If Yes, please provide details:

_____

_____

_____

47. Have you ever been suspended or expelled from any college, university, or law school? If yes, please explain fully:

_____

_____

_____

G. RELATIONSHIPS WITH OWNERS

48. Do you, or any business, firm or organization with which you are presently affiliated or anyone else in such business, firm or organization, have a proprietary interest in any professional sports team? If so, describe fully:

_____

_____

_____

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49. Are you now, or have you ever been, a partner or joint investor in any enterprise with a principal owner or officer of any professional sports team? If so, please describe fully:

_____

_____

_____

50. Excluding players, do you or anyone else in any business, firm or organization with which you are presently affiliated currently represent any partner, stockholder, management official, or other employee (including but not limited to, General Managers, front office personnel, managers, coaches or scouts) of any American Hockey League or ECHL team or the American Hockey League and ECHL or any affiliated entity, in any capacity, for any purpose? If so, please explain:

_____

_____

_____

51. Do you, or any member of your law firm, serve as counsel to the ownership or management of any professional sports team or league, in any other professional sport? If so, please describe fully:

_____

_____

_____

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52. Are you, or is anyone else in any business, firm or organization with which you are presently affiliated, an officer, representative, agent or employee of the American Hockey League or the ECHL, or any Club or affiliated entity? If so, please describe fully:

H. REFERENCES

53. Please list below the names, addresses and telephone numbers of at least five (5) persons, not related to you, who have known you for at least the last five (5) years and who can attest to your character. (Names of officers, player representatives, or staff members of the PHPA may not be used)

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ACKNOWLEDGEMENT

In submitting this Application for access to the PHPA Certified Agent Program to the Professional Hockey Players' Association (the "PHPA"), I hereby state that I understand, agree, affirm, and acknowledge:

1. I certify that I have completed this Application accurately and will update the information provided as it changes or upon request by the PHPA.

2. I confirm that I have not provided any material false or misleading information and acknowledge that doing so may result in denial or termination of my participation in the Program.

3. I acknowledge that I currently represent one or more AHL or ECHL Players and must execute and file a PHPA SPAC for each Player in accordance with the PHPA Regulations Governing Agent Certification. My certification remains subject to ongoing compliance with these Regulations.

4. I understand that submitting this Application does not grant me PHPA Certified Agent status and that I may not represent myself as a PHPA Certified Agent, officer, representative or employee of the PHPA, unless and until such status has been formally granted by the PHPA.

I,_____, have read the foregoing questions within the Application and have personally answered the same fully and honestly and the answers to said questions are true to my knowledge.

_____ _____

Signature of Applicant **Date**

Corporate Guarantor Acknowledgement:

I further certify that I am an authorized officer or representative of the business entity named in this Application. By signing below, I execute an unconditional personal guarantee on behalf of said corporate entity, accepting full, personal civil and regulatory liability for its compliance with the PHPA Regulations Governing Agent Certification.

_____ _____

Signature of Applicant **Date**

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PHPA REGULATIONS GOVERNING AGENT CERTIFICATION

ACKNOWLEDGEMENT

I, _____, acknowledge that I have received, read, and understand the **PHPA Regulations Governing Agent Certification**.

I understand that these Regulations establish the standards of conduct, professional responsibilities, rights, and obligations applicable to PHPA Certified Agents.

I agree to comply with and be bound by these Regulations, including any amendments adopted by the PHPA from time to time, as a condition of maintaining and renewing my certification under the PHPA Certified Agent Program.

I acknowledge that failure to comply with these Regulations may result in disciplinary action, including the suspension or revocation of my certification, in accordance with the PHPA Regulations Governing Agent Certification.

I certify that I have read the foregoing Regulations in their entirety and understand the obligations imposed upon me as a PHPA Certified Agent.

_____ _____

Signature of Applicant **Date**

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Authorization to Conduct Investigation and Review

I, _____, have applied to be certified as a Player Agent pursuant to the PHPA *Regulations Governing Agent Certification*, which Application for Certification is currently pending.

I acknowledge and agree that, by submitting my Application, I have agreed to provide the PHPA with such information, documents, and materials as it may request in respect of my Application for Certification and have authorized the PHPA to conduct such reviews or investigations as it considers necessary or appropriate in order to determine my eligibility for certification.

I acknowledge that completion of any background screening, verification, or investigation required by the PHPA is a condition of my Application for Certification. I authorize the PHPA to engage one or more independent third-party service providers to conduct such background screenings, verifications, and investigations as the PHPA considers necessary or appropriate to assess my eligibility for certification. Such reviews may include verification of the information provided in my application and any other inquiries permitted by applicable law.

I acknowledge that my refusal to authorize, participate in, or complete any required background screening, verification, or investigation may result in my application being deemed incomplete or denied in accordance with the PHPA Regulations Governing Agent Certification.

I further agree to cooperate fully with any review, verification, or investigation conducted in connection with my application and to promptly provide any additional information or documentation reasonably requested by the PHPA or any third party engaged by the PHPA for this purpose.

I authorize any individual, organization, or agency that maintains records relating to me to provide such records to the PHPA upon its request, or to any third party engaged by the PHPA to conduct a review or investigation in connection with my Application. The purpose of this authorization is to provide my consent for the disclosure (whether verbal or documentary), to the extent permitted by applicable law, of criminal history information, court records relating to civil proceedings involving me, records of unsatisfied judgments, internal investigation records, educational records, records of professional credentials, records of discipline imposed by professional bodies or other sports unions, records of business activities and affiliations, employment records, and any other information reasonably relevant to the PHPA's assessment of my Application. Any information obtained in the course of the review or investigation shall be used or disclosed solely for the purposes of assessing my Application for Certification or as otherwise required or permitted by law.

I acknowledge that, unless required by applicable law, the PHPA is under no obligation to disclose to me any information, documents, or materials obtained in the course of its review or investigation, including any information received from a third party engaged by the PHPA for this purpose.

PHPA
PROFESSIONAL HOCKEY PLAYERS' ASSOCIATION
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I certify that any person or entity that obtains, furnishes, or exchanges information concerning me shall be held harmless and not liable for providing such information to the PHPA or any third party engaged by the PHPA. I hereby release and agree not to pursue any claims, actions, damages, costs, or expenses arising from the furnishing or exchange of such information.

I also certify that any third party engaged by the PHPA to conduct reviews and investigations in respect of or in connection with my Application shall be held harmless by me and not liable for conducting such reviews and investigations or for providing the information, documents, or other materials arising out of such reviews and investigations to the PHPA. I do hereby release from all liability and promise not to sue such third party on account of or in connection with any claims, causes of action, injuries, damages, costs, or expenses arising out of conducting such reviews and investigations, for providing the information arising out of such reviews and investigations to the PHPA, or for the actions or inactions of the PHPA taken, in whole or in part, on the basis of such information.

I also certify that the PHPA shall be held harmless by me and not liable for conducting any of the aforementioned reviews and investigations in respect of my Application for Certification. I do hereby release from all liability and promise not to sue the PHPA on account of or in connection with any claims, causes of action, injuries, damages, costs, or expenses arising out of the PHPA's conducting such reviews and investigations or arising from any decision made by the PHPA in reliance, in whole or in part, upon information obtained during such reviews or investigations.

I understand that this Authorization shall remain valid until the PHPA has completed its review of my Application for Certification, unless earlier withdrawn by me in writing. I further understand that withdrawing this Authorization before the review is complete may result in my application being deemed incomplete or denied in accordance with the PHPA Regulations Governing Agent Certification. I affirm that I have the legal authority to execute this Authorization and that I am the subject of the records to which it relates. A photocopy or electronically transmitted copy of this Authorization shall be valid as an original. I have read and fully understand the contents of this Authorization.

Printed Name	**Signature of Applicant**	**Date**