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PHPA AGENT PROGRAM APPLICATION "B"

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 am currently certified by the NHLPA and currently represent one or more NHL-contracted Players.

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. CURRENT AHL AND ECHL PLAYER REPRESENTATION

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

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_____

_____

_____

_____

_____

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

C. EMPLOYMENT STATUS & PERSONAL AFFILIATIONS

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

_____

_____

_____

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)?

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D. SERVICES AND FEE ARRANGEMENTS

8. 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		

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E. REFERENCES

9. 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 am currently or have previously been certified by the National Hockey League Players' Association (NHLPA) and must execute and file a PHPA SPAC for each AHL or ECHL Player I represent 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**