## **Letter of Clearance Application**

Please read instructions carefully to insure timely processing of your application
This application is two pages. Both pages must be competed and submitted for processing
PLEASE TYPE OR PRENT LEGIBLY

*	Fax Completed Application and Credit Card form to:	OFFICE USE ONLY
	Attn: Kenisha Ikener 719.590.4811	
*	Email Completed Application and Credit Card form to:	Date:
	<u>kikener@usabasketball.com</u> or <u>loc@usabasketball.com</u> Mail Completed Application and fees to:	1
•	USA Basketball	Application Fee:
	Attention: Kenisha Ikener	1 Day Processing Fee
	5465 Mark Dabling Blvd	T Day 1100055111g 100
	Colorado Springs, CO 80918	2 Day Processing Fee
*	Please allow up to seven (7) calendar days for processing. The player applying for the LOC must sign the application. Complete applications will be processed promptly. Incomplete	See 1989 April 15 All Profits
	applications will be returned.	Country:
*	Should you choose to pay by credit card, please fill out the Credit Card Record form and	Annewad
	return it with the application. The form must be completed with signature to authorize	Approved:
*	payment.  Please read all instructions before submitting application, this will prevent delay in the	LOC No.
ľ	processing of your application.	
NI		
INam	ne:Date of Birth: (day/month.	/year)/
Phor	ne: Place of Birth	
USA	Mailing Address: (Number and Street)	
	(City, State, Zip)	N 0.000
Citiz	zenship: Sex: MF H	t:Wt:
Coll	ege Attended Date of Completion (Mon	th/Year)
	ase indicate if you are: represented by a FIBA Licensed Agent, a Licensent yourself, in the corresponding space below. YOU MUST COMPLET	
A FI	IBA Licensed Agent represents me:	
	Agent Name and Nationality:	
	FIBA License Number:	
	Agent Address/Contact Number:	
I am	represented by an Agent licensed to practice law in the country of his/her perman	nent address:
	Agent Name and Nationality:	
	Agents Email Address:	
	(A valid email address is required for all non-FIBA licensed agents)	
	Country where he/she is licensed:	
	Agent Address/Contact Number:	

I represent myself:							
Signature:							
Player's History:  Please list in descending chronological order (i.e. most recent followed by the team prior to that, and so on back to the first team you played for at a college level or above). College teams must be included.  List all teams/federations you have:  -played for  -signed a contract with  -a letter of clearance has be applied/or issued to, including NBA/NBDL or  WNBA through FIBA  List all teams regardless of if you played for them or not.  Only basketball playing history needs to be listed, all other sports can be excluded.  If the player has no playing history (college level or above) please state "none"							
From (Month/Year)	To (Month/Year)	Association (e.g. college, CBA, NBDL, NBA, WNBA, Globetrotters, foreign team)	Country	Team Name			
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From (Month/Year)	To (Month/Year)	Association (e.g. college, CBA, NBDL, NBA, WNBA, Globetrotters, foreign team)	Country	Team Name			
Name of Country and Team you will play for:							
By applying for this Letter of Clearance, and affixing my signature below, I hereby attest that I have fulfilled ALI contractual obligations stipulated in any and all contracts between myself and any team, club, or nationa federation. I have read and fully understand ALL material within this application and have answered all questions truthfully and honestly.							

Date:

Signature: