



Pennsylvania Gaming Control Board

GAMING EMPLOYEE APPLICATION AND DISCLOSURE INFORMATION FORM

INSTRUCTIONS

PENNSYLVANIA GAMING IS GOVERNED BY THE LAWS SET FORTH IN 4 PA.C.S. PART II, ENACTED BY THE ACT OF JULY 5, 2004 (P.L. 572, NO. 71) (GAMING ACT) AS AMENDED AND 58 PA. CODE PART VII, GAMING CONTROL BOARD (REGULATIONS).

THESE INSTRUCTIONS ARE APPLICABLE TO ANY "PERSON" SEEKING TO BE PERMITTED AS A GAMING EMPLOYEE. A **GAMING EMPLOYEE** IS DEFINED IN 58 PA CODE §401A.3 AS" (i) AN EMPLOYEE OF A SLOT MACHINE LICENSEE, INCLUDING: (A) CASHIERS; (B) CHANGE PERSONNEL; (C) COUNTING ROOM PERSONNEL; (D) SLOT ATTENDANTS; (E) HOSTS OR OTHER PERSONS AUTHORIZED TO EXTEND COMPLIMENTARY SERVICES; (F) MACHINE MECHANICS OR COMPUTER MACHINE TECHNICIANS; (G) SECURITY PERSONNEL; (H) SURVEILLANCE PERSONNEL; (I) SUPERVISORS AND MANAGERS; (ii) THE TERM INCLUDES: (A) EMPLOYEES OF A PERSON HOLDING A SUPPLIER LICENSE WHOSE DUTIES ARE DIRECTLY INVOLVED WITH THE REPAIR, SERVICE OR DISTRIBUTION OF SLOT MACHINES AND ASSOCIATED EQUIPMENT SOLD OR PROVIDED TO A LICENSED FACILITY WITHIN THIS COMMONWEALTH; (B) EMPLOYEES OF A PERSON HOLDING A MANUFACTURER LICENSE WHOSE DUTIES MEET ONE OR MORE OF THE FOLLOWING CRITERIA: (1) THE EMPLOYEE'S DUTIES ARE DIRECTLY INVOLVED WITH SLOT MONITORING SYSTEMS, CASINO MANAGEMENT SYSTEMS, PLAYER TRACKING SYSTEMS AND WIDE-AREA PROGRESSIVE SYSTEMS APPROVED AND INSTALLED FOR USE OR PLAY IN THIS COMMONWEALTH; (2) THE EMPLOYEE'S PRESENCE MAY BE REQUIRED FROM TIME TO TIME IN RESTRICTED AREAS OF A LICENSED FACILITY; (C) OTHER EMPLOYEES AS DETERMINED BY THE BOARD. (iii) THE TERM DOES NOT INCLUDE BARTENDERS, COCKTAIL SERVERS OR OTHER PERSONS ENGAGED SOLELY IN PREPARING OR SERVING FOOD OR BEVERAGES, CLERICAL OR SECRETARIAL PERSONNEL, PARKING ATTENDANTS, JANITORIAL, STAGE, SOUND AND LIGHT TECHNICIANS AND OTHER NON-GAMING PERSONNEL AS DETERMINED BY THE BOARD."

THE ORIGINAL AND TWO (2) COPIES OF THIS FORM SHALL BE GIVEN TO YOUR EMPLOYER TO BE SENT TO THE PENNSYLVANIA GAMING CONTROL BOARD, BUREAU OF LICENSING, 303 WALNUT STREET, VERIZON TOWER, HARRISBURG, PA 17101 WITH THE APPROPRIATE FEES.

AN APPLICATION THAT HAS BEEN ACCEPTED FOR FILING AND ALL RELATED MATERIALS SUBMITTED TO THE BOARD SHALL BECOME THE PROPERTY OF THE BOARD AND WILL NOT BE RETURNED TO THE APPLICANT.

1. GAMING EMPLOYEE APPLICATION AND DISCLOSURE INFORMATION FORM

YOU ARE TO COMPLETE THIS FORM IF YOU ARE AN APPLICANT FOR A ONE (1) YEAR OCCUPATION PERMIT FOR EMPLOYMENT WITH AN APPLICANT FOR OR HOLDER OF THE FOLLOWING: SLOT MACHINE LICENSE, MANUFACTURER LICENSE OR SUPPLIER LICENSE.

2. APPLICATION FEES

APPLICATION FEES MUST BE SUBMITTED WITH THE APPLICATION. THESE FEES ARE NON-REFUNDABLE DEPOSITS THAT WILL BE USED BY THE BOARD TO PROCESS AND INVESTIGATE THE GAMING EMPLOYEE SUBMITTING THIS FORM.

THERE MAY BE ADDITIONAL COSTS AND EXPENSES INCURRED BY THE BOARD IN ITS PROCESSING AND INVESTIGATION OF THE EMPLOYEE FILING THIS FORM, WHICH MUST BE REIMBURSED TO THE BOARD.

GAMING EMPLOYEE \$350.00

3. APPLICATION FORM INSTRUCTIONS

AS USED IN THIS APPLICATION FORM, THE WORDS “**APPLICANT**” AND “**YOU**” SHALL MEAN THE **EMPLOYEE** COMPLETING THIS GAMING EMPLOYEE APPLICATION AND DISCLOSURE INFORMATION FORM.

ALL ENTRIES ON THE FORM MUST BE TYPED OR PRINTED IN BLOCK LETTERING. INITIALS AND SIGNATURES MUST BE HANDWRITTEN BY THE PERSON PROVIDING THE INFORMATION. IF THE ANSWERS ARE NOT LEGIBLE, THE APPLICATION MAY NOT BE ACCEPTED.

READ EACH QUESTION CAREFULLY PRIOR TO ANSWERING. ANSWER EVERY QUESTION COMPLETELY. DO NOT LEAVE BLANK SPACES. IF A QUESTION DOES NOT APPLY TO THE APPLICANT, WRITE “**DOES NOT APPLY**” IN RESPONSE TO THAT QUESTION.

ALL PAGES OF THE FORM MUST BE INITIALED BY THE APPLICANT. IF ADDITIONAL PAGES ARE REQUIRED IN ORDER TO ANSWER ANY QUESTION, ADDITIONAL PAGES MAY BE UTILIZED AND MUST BE ATTACHED TO THE FORM. BE SURE TO INDICATE THE NUMBER(S) OF THE QUESTION(S) BEING ANSWERED AND INITIAL EACH ADDITIONAL PAGE.

ALL REQUIRED DOCUMENTATION MUST BE SUBMITTED AT THE TIME OF FILING THIS FORM. FURTHER, PURSUANT TO BOARD REGULATIONS, THE APPLICANT IS UNDER A CONTINUING DUTY TO PROMPTLY NOTIFY THE BOARD IF THERE IS A CHANGE IN THE INFORMATION PROVIDED TO THE BOARD.

THE APPLICATION FOR PENNSYLVANIA TAX CLEARANCE REVIEW MUST BE SIGNED. ALL AFFIDAVITS, RELEASE AUTHORIZATIONS AND WAIVERS OF LIABILITY MUST BE SIGNED AND NOTARIZED. THE LICENSEE’S AFFIRMATION MUST BE SIGNED BY THE CEO OF THE ENTITY FOR WHICH APPLICANT IS A GAMING EMPLOYEE.

SHOULD YOU BE UNABLE TO UNDERSTAND THIS FORM FULLY IN ENGLISH, IT IS YOUR RESPONSIBILITY TO ACQUIRE ADEQUATE MEANS OF TRANSLATION. IF YOU SUBMIT A DOCUMENT TO THE BOARD THAT IS IN A LANGUAGE OTHER THAN ENGLISH, YOU MUST ALSO SUBMIT AN ENGLISH TRANSLATION COMPLIANT WITH BOARD REGULATIONS.

ALL NOTICES REGARDING YOUR APPLICATION WILL BE SENT TO THE ADDRESS YOU PROVIDE ON THIS FORM. YOU MUST IMMEDIATELY NOTIFY THE BOARD IF YOU CHANGE YOUR ADDRESS.

FAILURE TO ANSWER ANY QUESTION COMPLETELY AND TRUTHFULLY WILL RESULT IN DENIAL OF YOUR APPLICATION AND/OR REVOCATION OF YOUR LICENSE, REGISTRATION OR PERMIT AND MAY SUBJECT YOU TO CRIMINAL PENALTIES UNDER 18 PA. C. S. A. §4903.

UPON COMPLETION OF YOUR APPLICATION, YOU MUST COMPLETE AN AFFIDAVIT AND WAIVER OF LIABILITY CERTIFYING THAT THE INFORMATION PROVIDED IN THE APPLICATION IS TRUE AND CORRECT AND THAT THERE IS NO MISREPRESENTATION, FALSIFICATION OR OMISSION IN THE APPLICATION. YOU WILL BE FURTHER CERTIFYING THAT YOU ARE AWARE THAT ANY FALSE OR MISLEADING STATEMENT OR OMITTED INFORMATION WILL BE CAUSE FOR THE DENIAL OF YOUR APPLICATION OR REVOCATION OF A PERMIT AND MAY SUBJECT YOU TO CRIMINAL PENALTIES UNDER 18 PA. C.S.A. §§ 4902, 4903 AND 4904.

IMPORTANT: IN ACCORDANCE WITH BOARD REGULATIONS, ANY APPLICANT OR HOLDER OF A PERMIT WHOSE APPLICATION IS DENIED OR WHOSE PERMIT IS REVOKED MAY NOT REAPPLY FOR A LICENSE, PERMIT, CERTIFICATION OR REGISTRATION FOR A PERIOD OF FIVE YEARS.

ANY PERSON WHO APPLIES FOR AND OBTAINS A LICENSE, REGISTRATION, CERTIFICATE OR PERMIT FROM THE BOARD MAY BE REQUIRED TO SUBMIT TO WARRANTLESS SEARCHES WHEN PRESENT IN A LICENSED GAMING FACILITY PURSUANT TO THE ACT.

CONFIDENTIAL INFORMATION (AS DEFINED IN 58 PA. CODE §401A.3) SUPPLIED TO THE BOARD OR OTHERWISE OBTAINED SHALL NOT BE REVEALED EXCEPT IN THE COURSE OF THE NECESSARY ADMINISTRATION OF THE GAMING ACT, OR UPON THE LAWFUL ORDER OF A COURT OF COMPETENT JURISDICTION OR, WITH THE APPROVAL OF THE ATTORNEY GENERAL, TO A DULY AUTHORIZED LAW ENFORCEMENT AGENCY. AN APPLICANT FOR OR HOLDER OF A LICENSE, REGISTRATION, CERTIFICATION OR PERMIT WAIVES ANY LIABILITY OF THE COMMONWEALTH OF PENNSYLVANIA AND ITS INSTRUMENTALITIES AND AGENTS FOR ANY DAMAGES RESULTING FROM ANY DISCLOSURE OR PUBLICATION IN ANY MANNER, OTHER THAN A WILLFULLY UNLAWFUL DISCLOSURE OR PUBLICATION.

APPLICANT WILL BE REQUIRED TO PROVIDE PROOF OF IDENTIFICATION AND TO SUBMIT TO FINGERPRINTING AND A HANDWRITING EXEMPLAR AND MAY BE REQUIRED TO SUBMIT TO HAVING A PHOTOGRAPH TAKEN BY THE BOARD OR ITS AGENTS. FAILURE TO COMPLY WITH THESE REQUIREMENTS WILL RESULT IN THE DENIAL OF YOUR LICENSE, REGISTRATION, CERTIFICATION OR PERMIT.

IN ACCORDANCE WITH §5 OF THE PRIVACY ACT, 5 U.S.C. 552A, DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER IS VOLUNTARY. FAILURE TO DISCLOSE YOUR SOCIAL SECURITY NUMBER IS NOT GROUNDS TO DENY YOUR APPLICATION. IF PROVIDED, YOUR SOCIAL SECURITY NUMBER WILL BE USED BY THE BOARD TO OBTAIN AND VERIFY INFORMATION FOR YOUR PERMIT TO BE EMPLOYED BY A SLOT MACHINE APPLICANT OR LICENSEE OR A VENDOR APPLICANT OR LICENSEE. THE ABSENCE OF A SOCIAL SECURITY NUMBER ON THE APPLICATION MAY DELAY THE FINAL DETERMINATION OF YOUR APPLICATION.

PURSUANT TO BOARD REGULATIONS, ONCE THE APPLICATION HAS BEEN FILED, APPLICANT **MAY NOT** WITHDRAW ITS APPLICATION WITHOUT THE PERMISSION OF THE BOARD.

ALL REQUIRED DOCUMENTATION MUST BE SUBMITTED AT THE TIME OF FILING THIS FORM.

IF YOU HAVE ANY QUESTIONS REGARDING THE APPLICATION PACKAGE OR THE INFORMATION YOU ARE REQUIRED TO COMPLETE IN THE APPLICATION, PLEASE CONTACT YOUR HUMAN RESOURCES OFFICE OR THE PENNSYLVANIA GAMING CONTROL BOARD – GAMING EMPLOYEE LICENSE UNIT AT 877-500-PGCB (877-500-7422).

NOTE: ALL APPLICANTS FOR A GAMING EMPLOYEE PERMIT **MUST** EITHER:

1. HAVE BEEN OFFERED EMPLOYMENT BY A SUPPLIER APPLICANT OR LICENSEE, VENDOR APPLICANT OR CERTIFIED VENDOR OR MANUFACTURER APPLICANT OR LICENSEE.
2. CURRENTLY BE EMPLOYED BY A SUPPLIER APPLICANT OR LICENSEE, VENDOR APPLICANT OR CERTIFIED VENDOR OR MANUFACTURER APPLICANT OR LICENSEE.

CHECK THE APPROPRIATE BOX AND COMPLETE THE NAME OF THE APPLICANT OR LICENSEE THAT EMPLOYS YOU OR HAS OFFERED YOU EMPLOYMENT:

APPLICANT IS EMPLOYED BY OR HAS BEEN OFFERED EMPLOYMENT BY A SUPPLIER APPLICANT OR LICENSEE.

APPLICANT IS EMPLOYED BY OR HAS BEEN OFFERED EMPLOYMENT BY A MANUFACTURER APPLICANT OR LICENSEE.

APPLICANT IS EMPLOYED BY OR HAS BEEN OFFERED EMPLOYMENT BY A CERTIFIED VENDOR OR CERTIFIED VENDOR APPLICANT.

APPLICANT IS CURRENTLY EMPLOYED WITH OR HAS BEEN OFFERED EMPLOYMENT BY: _____

GAMING EMPLOYEE APPLICATION AND DISCLOSURE INFORMATION FORM

NAME AND ADDRESS								
FIRST NAME		MIDDLE NAME		LAST NAME		SUFFIX (JR., SR., ETC.)		
MAIDEN NAME						DATE OF BIRTH		
ADDRESS LINE 1				ADDRESS LINE 2				
ADDRESS LINE 3				CITY		STATE/PROVINCE	POSTAL CODE	
COUNTRY		EMAIL ADDRESS		DAY PHONE	EVENING PHONE	FAX	COUNTY	
MAILING ADDRESS (IF DIFFERENT FROM HOME ADDRESS)								
ADDRESS LINE 1				ADDRESS LINE 2				
ADDRESS LINE 3				CITY		STATE/PROVINCE	POSTAL CODE	
COUNTRY		EMAIL ADDRESS		DAY PHONE	EVENING PHONE	FAX	COUNTY	
DESCRIPTIVE INFORMATION								
HEIGHT ____ FT ____ IN		WEIGHT _____ LBS		SOCIAL SECURITY NUMBER*		TATTOOS, SCARS OR DISTINGUISHING MARKS:		
HAIR COLOR <input type="checkbox"/> (BK) BLACK <input type="checkbox"/> (BR) BROWN <input type="checkbox"/> (BD) BLOND <input type="checkbox"/> (RD) RED <input type="checkbox"/> (GY) GRAY <input type="checkbox"/> (WH) WHITE <input type="checkbox"/> (BA) BALD		EYE COLOR <input type="checkbox"/> (BK) BLACK <input type="checkbox"/> (BR) BROWN <input type="checkbox"/> (HZ) HAZEL <input type="checkbox"/> (BL) BLUE <input type="checkbox"/> (GY) GRAY <input type="checkbox"/> (GR) GREEN		SEX <input type="checkbox"/> (M) MALE <input type="checkbox"/> (F) FEMALE		RACE** <input type="checkbox"/> (C) CAUCASIAN <input type="checkbox"/> (B) BLACK <input type="checkbox"/> (H) HISPANIC <input type="checkbox"/> (A) ASIAN <input type="checkbox"/> (N) NATIVE AMERICAN <input type="checkbox"/> (I) INDIAN (INDIA) <input type="checkbox"/> (O) OTHER <hr/> <div style="text-align: center;">COMPLEXION</div>		
LIST ANY OTHER NAME OR NAMES YOU HAVE BEEN KNOWN BY (INCLUDE ALIASES; NICKNAMES; MARRIED NAMES)								
HAVE YOU BEEN KNOWN BY ANY OTHER NAME OR NAMES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, LIST THE ADDITIONAL NAMES BELOW AND SPECIFY DATES OF USE FOR EACH. INCLUDE MAIDEN NAME, ALIASES, NICKNAMES OR ANY OTHER NAME.								
FIRST NAME		MIDDLE		LAST NAME		SUFFIX (JR, SR, ETC.)	FROM DATE	TO DATE

* UNDER THE FEDERAL PRIVACY ACT, DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER IS VOLUNTARY. IF YOU CHOOSE NOT TO PROVIDE YOUR SOCIAL SECURITY NUMBER, THE PROCESSING OF YOUR APPLICATION AND BACKGROUND INVESTIGATION MAY BE DELAYED.

** YOU ARE NOT REQUIRED TO PROVIDE THIS INFORMATION, IT IS OPTIONAL.

RESIDENCE HISTORY

1. PROVIDE ALL ADDRESSES APPLICANT HAS USED DURING THE LAST TEN (10) YEAR PERIOD, AND PROVIDE THE APPROXIMATE DATES DURING WHICH SUCH ADDRESSES WERE USED.

ADDRESS PURPOSE				ADDRESS USED FROM		ADDRESS USED TO	
ADDRESS LINE 1				ADDRESS LINE 2			
ADDRESS LINE 3				CITY		STATE/PROVINCE	POSTAL CODE
COUNTRY		EMAIL ADDRESS		PHONE NUMBER ()		FAX NUMBER ()	
ADDRESS PURPOSE				ADDRESS USED FROM		ADDRESS USED TO	
ADDRESS LINE 1				ADDRESS LINE 2			
ADDRESS LINE 3				CITY		STATE/PROVINCE	POSTAL CODE
COUNTRY		EMAIL ADDRESS		PHONE NUMBER ()		FAX NUMBER ()	
ADDRESS PURPOSE				ADDRESS USED FROM		ADDRESS USED TO	
ADDRESS LINE 1				ADDRESS LINE 2			
ADDRESS LINE 3				CITY		STATE/PROVINCE	POSTAL CODE
COUNTRY		EMAIL ADDRESS		PHONE NUMBER ()		FAX NUMBER ()	
ADDRESS PURPOSE				ADDRESS USED FROM		ADDRESS USED TO	
ADDRESS LINE 1				ADDRESS LINE 2			
ADDRESS LINE 3				CITY		STATE/PROVINCE	POSTAL CODE
COUNTRY		EMAIL ADDRESS		PHONE NUMBER ()		FAX NUMBER ()	

* IF ADDITIONAL SPACE IS NEEDED, PLEASE PROVIDE AN ATTACHMENT.

BUSINESS ADDRESSES

2. PROVIDE ALL BUSINESS ADDRESSES APPLICANT HAS USED DURING THE LAST TEN (10) YEAR PERIOD, AND PROVIDE THE APPROXIMATE DATES DURING WHICH SUCH ADDRESSES WERE USED.

ADDRESS PURPOSE				ADDRESS USED FROM		ADDRESS USED TO	
ADDRESS LINE 1				ADDRESS LINE 2			
ADDRESS LINE 3				CITY		STATE/PROVINCE	POSTAL CODE
COUNTRY		EMAIL ADDRESS		PHONE NUMBER ()		FAX NUMBER ()	
ADDRESS PURPOSE				ADDRESS USED FROM		ADDRESS USED TO	
ADDRESS LINE 1				ADDRESS LINE 2			
ADDRESS LINE 3				CITY		STATE/PROVINCE	POSTAL CODE
COUNTRY		EMAIL ADDRESS		PHONE NUMBER ()		FAX NUMBER ()	
ADDRESS PURPOSE				ADDRESS USED FROM		ADDRESS USED TO	
ADDRESS LINE 1				ADDRESS LINE 2			
ADDRESS LINE 3				CITY		STATE/PROVINCE	POSTAL CODE
COUNTRY		EMAIL ADDRESS		PHONE NUMBER ()		FAX NUMBER ()	
ADDRESS PURPOSE				ADDRESS USED FROM		ADDRESS USED TO	
ADDRESS LINE 1				ADDRESS LINE 2			
ADDRESS LINE 3				CITY		STATE/PROVINCE	POSTAL CODE
COUNTRY		EMAIL ADDRESS		PHONE NUMBER ()		FAX NUMBER ()	

* IF ADDITIONAL SPACE IS NEEDED, PLEASE PROVIDE AN ATTACHMENT.

FAMILY/SOCIAL DATA

6. WHAT IS YOUR CURRENT MARITAL STATUS: SINGLE MARRIED LEGALLY SEPARATED DIVORCED WIDOW/WIDOWER ENGAGED

HOW MANY TIMES HAVE YOU BEEN MARRIED? _____

A. CURRENT MARRIAGE

PROVIDE THE INFORMATION BELOW REGARDING YOUR CURRENT MARRIAGE AND SPOUSE:

DATE OF MARRIAGE: _____ WHERE MARRIED: _____
CITY/TOWN COUNTY STATE/PROVINCE COUNTRY

NAME OF SPOUSE: _____ SPOUSE'S OCCUPATION _____
FIRST MIDDLE MAIDEN

DATE OF BIRTH: _____ PLACE OF BIRTH: _____
DAY MONTH YEAR CITY/TOWN STATE/PROVINCE COUNTRY

HOME ADDRESS: _____ TELEPHONE NUMBER: _____
STREET CITY/TOWN STATE/PROVINCE ZIP/POSTAL CODE AREA CODE NUMBER

B. PREVIOUS MARRIAGES

PROVIDE THE INFORMATION BELOW REGARDING YOUR PREVIOUS MARRIAGES:

(DO **NOT** INCLUDE CURRENT SPOUSE.)

NAME OF FORMER SPOUSE(S) (INCLUDE MAIDEN NAME, IF APPLICABLE)	DATE AND PLACE OF MARRIAGE	DATE OF BIRTH	IF ANNULLED, SEPARATED OR DIVORCED, INDICATE DATE AND JURISDICTION WHERE SUCH ACTION WAS TAKEN	DOCKET/CASE # OF DIVORCE ACTION (IF KNOWN)	PRESENT ADDRESSES OF FORMER SPOUSE(S) (NO., STREET, APT #/FLAT #, CITY/TOWN, ZIP/POSTAL CODE)

7. A. IN THE CHART BELOW, LIST THE NAMES OF ALL OF YOUR CHILDREN, STEP-CHILDREN AND ADOPTED CHILDREN AND THE AMOUNT OF SUPPORT, IF DEPENDENT. ALSO LIST ALL OTHER PERSONS WHO YOU ARE SUPPORTING OR CONTRIBUTING TO THE SUPPORT OF, AND PROVIDE THE AMOUNT OF SUPPORT.

NAME	DATE OF BIRTH	BIRTH PLACE	ADDRESSES (NO., STREET, APT #/FLAT #, CITY/TOWN, STATE/PROVINCE, COUNTRY, ZIP/POSTAL CODE)	AMOUNT OF SUPPORT (IF A DEPENDENT)	RELATIONSHIP TO APPLICANT

* IF ADDITIONAL SPACE IS NEEDED, PLEASE PROVIDE AN ATTACHMENT.

B. PLEASE MARK THE APPROPRIATE RESPONSE REGARDING YOUR CHILD SUPPORT OBLIGATIONS.

I AM NOT SUBJECT TO A COURT ORDER FOR THE SUPPORT OF A CHILD.

I AM SUBJECT TO A COURT ORDER FOR THE SUPPORT OF ONE OR MORE CHILDREN AND AM IN COMPLIANCE WITH A PLAN APPROVED BY THE PUBLIC AGENCY/COURT ENFORCING THE ORDER FOR THE REPAYMENT OF THE AMOUNT OWED PURSUANT TO THE ORDER (INDICATE AMOUNT IN "A" ABOVE); OR

I AM SUBJECT TO A COURT ORDER FOR THE SUPPORT OF ONE OR MORE CHILDREN AND AM **NOT** IN COMPLIANCE WITH THE ORDER OR A PLAN APPROVED BY THE PUBLIC AGENCY/COURT ENFORCING THE ORDER FOR THE REPAYMENT OF THE AMOUNT OWED PURSUANT TO THE ORDER.

IDENTIFY THE PUBLIC AGENCY/COURT RESPONSIBLE FOR ENFORCING THE CHILD SUPPORT ORDER:

NAME: _____

ADDRESS: _____

CONTACT PERSON: _____

C. IF SUBJECT TO AN ALIMONY OR SPOUSAL SUPPORT ORDER, IDENTIFY THE COURT RESPONSIBLE FOR ENFORCING THE ORDER:

NAME: _____

ADDRESS: _____

OTHER FAMILY AND HOUSEHOLD MEMBERS

8. PROVIDE THE FOLLOWING INFORMATION REGARDING YOUR PARENTS, PARENTS-IN-LAW, BROTHER(S) AND SISTER(S) (INCLUDING STEP-RELATIVES), AND THEIR RESPECTIVE SPOUSES, OR ANY OTHER INDIVIDUALS THAT LIVED IN YOUR RESIDENCE DURING THE LAST TEN (10) YEARS.

NAME _____ ADDRESS _____ _____	BUSINESS ADDRESS _____ _____ _____
TELEPHONE NO. _____ RELATIONSHIP _____ AGE _____	OCCUPATION _____ DATES THEY LIVED WITH YOU FROM _____ TO _____

NAME _____ ADDRESS _____ _____	BUSINESS ADDRESS _____ _____ _____
TELEPHONE NO. _____ RELATIONSHIP _____ AGE _____	OCCUPATION _____ DATES THEY LIVED WITH YOU FROM _____ TO _____

NAME _____ ADDRESS _____ _____	BUSINESS ADDRESS _____ _____ _____
TELEPHONE NO. _____ RELATIONSHIP _____ AGE _____	OCCUPATION _____ DATES THEY LIVED WITH YOU FROM _____ TO _____

NAME _____ ADDRESS _____ _____	BUSINESS ADDRESS _____ _____ _____
TELEPHONE NO. _____ RELATIONSHIP _____ AGE _____	OCCUPATION _____ DATES THEY LIVED WITH YOU FROM _____ TO _____

NAME _____ ADDRESS _____ _____	BUSINESS ADDRESS _____ _____ _____
TELEPHONE NO. _____ RELATIONSHIP _____ AGE _____	OCCUPATION _____ DATES THEY LIVED WITH YOU FROM _____ TO _____

NAME _____ ADDRESS _____ _____	BUSINESS ADDRESS _____ _____ _____
TELEPHONE NO. _____ RELATIONSHIP _____ AGE _____	OCCUPATION _____ DATES THEY LIVED WITH YOU FROM _____ TO _____

NAME _____ ADDRESS _____ _____	BUSINESS ADDRESS _____ _____ _____
TELEPHONE NO. _____ RELATIONSHIP _____ AGE _____	OCCUPATION _____ DATES THEY LIVED WITH YOU FROM _____ TO _____

NAME _____ ADDRESS _____ _____	BUSINESS ADDRESS _____ _____ _____
TELEPHONE NO. _____ RELATIONSHIP _____ AGE _____	OCCUPATION _____ DATES THEY LIVED WITH YOU FROM _____ TO _____

NAME _____ ADDRESS _____ _____	BUSINESS ADDRESS _____ _____ _____
TELEPHONE NO. _____ RELATIONSHIP _____ AGE _____	OCCUPATION _____ DATES THEY LIVED WITH YOU FROM _____ TO _____

MILITARY SERVICE DATA

9. HAVE YOU EVER SERVED IN A MILITARY ORGANIZATION OF ANY COUNTRY OR HAVE YOU BEEN AN ACTIVE OR INACTIVE MEMBER OF THE RESERVE FORCE OF ANY COUNTRY? YES NO

IF YES, PROVIDE THE FOLLOWING INFORMATION:

COUNTRY OF SERVICE: _____

BRANCH OF SERVICE: _____ SERVICE SERIAL #: _____

HIGHEST RANK HELD: _____

PERIOD (S) OF ACTIVE SERVICE: FROM: _____ TO: _____

FROM: _____ TO: _____

10. DATE AND TYPE OF DISCHARGE OR SEPARATION (HONORABLE, DISHONORABLE, HONORABLE CONDITIONS, MEDICAL, ETC.) FROM MILITARY SERVICE(S):

DATE OF EACH DISCHARGE/SEPARATION: _____

TYPE OF DISCHARGE(S): _____

ATTACH A COPY OF YOUR MILITARY RECORDS* LABELED AS AN EXHIBIT. IF UNAVAILABLE, ATTACH A COPY OF A LETTER TO THE APPROPRIATE BRANCH OF THE MILITARY REQUESTING A COPY OF YOUR MILITARY RECORDS* LABELED AS AN EXHIBIT. IF IN RESERVES, PLEASE ATTACH A COPY OF YOUR DISCHARGE PAPERS.

11. HAVE YOU EVER BEEN TRIED BY MILITARY COURT MARTIAL OR HAVE YOU HAD CHARGES** FILED AGAINST YOU? YES NO

IF YES, COMPLETE THE FOLLOWING CHART:

NATURE OF CHARGE OR ARREST	DATE AND LOCATION OF CHARGE OR ARREST	NAME OF MILITARY ORGANIZATION FILING CHARGES	DISPOSITION (CONVICTED, ACQUITTED, DISMISSED, PLEADING, ETC.)	SENTENCE

*IN THE UNITED STATES, A MILITARY RECORD IS CALLED A DD214. IF YOU HAVE SERVED IN THE U.S. MILITARY, YOU SHOULD PROVIDE A COPY OF THIS RECORD. IF YOUR MILITARY SERVICE WAS IN ANOTHER COUNTRY, YOU SHOULD PROVIDE A COPY OF WHATEVER OFFICIAL DOCUMENTATION WAS PROVIDED TO YOU AT THE TIME OF YOUR DISCHARGE.

**CHARGES FILED AGAINST YOU BY THE MILITARY AUTHORITIES IN ANY COUNTRY WOULD FALL UNDER THE CODE OF MILITARY JUSTICE APPLICABLE TO THAT JURISDICTION. IN THE UNITED STATES, THIS MEANS ANY CHARGES FILED AGAINST YOU UNDER ARTICLE 15 OF THE UNIFORM CODE OF MILITARY JUSTICE (SUMMARY COURT, DECK COURT, CAPTAIN'S MAST, COMPANY PUNISHMENT, ETC.)

EMPLOYMENT HISTORY

12. HAVE YOU EVER BEEN EMPLOYED BY A CASINO OR GAMING/GAMBLING RELATED COMPANY* IN ANY JURISDICTION? YES NO

IF YES, COMPLETE THE FOLLOWING CHART.

*CASINO OR GAMING/GAMBLING RELATED COMPANY INCLUDES ANY FORM OR TYPE OF CASINO, GAMING/GAMBLING RELATED OPERATION, ANY MANUFACTURER OF GAMING/GAMBLING EQUIPMENT, JUNKET ENTERPRISE, HORSE RACING, DOG RACING, PARI-MUTUEL OPERATION, LOTTERY, SPORTS BETTING, INTERNET GAMING, ETC.

NAME OF GAMING/GAMBLING RELATED COMPANY AND COUNTRY/STATE WHERE YOU WERE EMPLOYED	NAME, MAILING ADDRESS AND TELEPHONE NUMBER OF EMPLOYER(S)	DATES		TITLE/POSITION HELD AND DESCRIPTION OF DUTIES	NAME OF SUPERVISOR	REASON FOR LEAVING
		FROM (MO/YR)	TO (MO/YR)			

* IF ADDITIONAL SPACE IS NEEDED, PLEASE PROVIDE AN ATTACHMENT.

13. IN THE CHART BELOW, PROVIDE THE INFORMATION REGARDING YOUR EMPLOYMENT FOR THE PAST TWENTY (20) YEARS. BEGIN WITH YOUR PRESENT JOB AND WORK BACKWARDS. GIVE DATES OF ANY UNEMPLOYMENT BETWEEN JOBS IN PROPER SEQUENCE. INCLUDE ALL PART-TIME AND FULL-TIME EMPLOYMENT AND ANY MILITARY SERVICE. FOR ANY CASINO OR GAMING/GAMBLING RELATED EMPLOYMENT IDENTIFIED IN THE PREVIOUS QUESTION, YOU ARE ONLY REQUIRED TO FILL IN THE DATES OF EMPLOYMENT AND THE NAME OF THE CASINO OR GAMING/GAMBLING RELATED COMPANY ON THIS CHART.

DATES		NAME, MAILING ADDRESS, AND TELEPHONE NUMBER OF EMPLOYERS	TITLE/POSITION HELD AND DESCRIPTION OF DUTIES	NAME OF SUPERVISOR	REASON FOR LEAVING/COMPENSATION AT DEPARTURE
FROM: (MO/YR)	TO: (MO/YR)				

* IF ADDITIONAL SPACE IS NEEDED, PLEASE PROVIDE AN ATTACHMENT.

14. WITH REGARD TO THE PREVIOUSLY LISTED EMPLOYMENT:

A. WERE YOU EVER DISCHARGED, SUSPENDED OR ASKED TO RESIGN FROM EMPLOYMENT? YES NO

B. DURING THE LAST TEN (10) YEAR PERIOD, WERE YOU EVER CHARGED WITH ANY INFRACTION IN RELATION TO ANY EMPLOYMENT WHICH WAS THE SUBJECT OF ANY DISCIPLINARY ACTION? YES NO

IF YES TO EITHER QUESTION, COMPLETE THE FOLLOWING CHART AS TO EACH SUCH TIME YOU WERE DISCHARGED, SUSPENDED, ASKED TO RESIGN OR DISCIPLINED:

DATE OF DISCHARGE, SUSPENSION, RESIGNATION OR DISCIPLINARY ACTION	NAME AND ADDRESS OF EMPLOYER	NAME OF SUPERVISOR	REASON FOR DISCHARGE, SUSPENSION, RESIGNATION OR DISCIPLINARY ACTION

* IF ADDITIONAL SPACE IS NEEDED, PLEASE PROVIDE AN ATTACHMENT.

NON-GAMING LICENSES AND PERMITS

15. HAS APPLICANT APPLIED IN ANY JURISDICTION FOR ANY LICENSE OR PERMIT BY A GOVERNMENTAL AGENCY FOR THE COLLECTION OF SALES AND USE TAX, SELLING AND SERVING LIQUOR AND MALT BEVERAGES, PROVIDING OVERNIGHT LODGING SERVICES OR ANY OTHER ACTIVITY REQUIRING A LICENSE OR PERMIT? A GOVERNMENTAL AGENCY AS USED HERE INCLUDES ANY SUBORDINATE CREATURE OF FEDERAL, STATE, NATIVE AMERICAN OR LOCAL GOVERNMENT CREATED TO CARRY OUT A GOVERNMENTAL FUNCTION OR TO IMPLEMENT A STATUTE OR STATUTES. IF YES, PROVIDE THE FOLLOWING INFORMATION FOR THE LAST TEN (10) YEAR PERIOD.

APPLICANT LICENSING (GOVERNMENT ISSUED – NON-GAMING)					
TYPE OF LICENSE OR PERMIT	NAME AND LOCATION OF GOVERNMENT AGENCY	APPLICATION NUMBER	DISPOSITION	DATE OF DISPOSITION	IF GRANTED, PROVIDE THE LICENSE/PERMIT NUMBER AND EXPIRATION DATE. IF DENIED, PENDING, EXPIRED, SUSPENDED, CONDITIONED, WITHDRAWN OR REVOKED, PROVIDE DETAILS.
			<input type="checkbox"/> GRANTED <input type="checkbox"/> DENIED <input type="checkbox"/> PENDING <input type="checkbox"/> EXPIRED <input type="checkbox"/> SUSPENDED <input type="checkbox"/> CONDITIONED <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> REVOKED		
			<input type="checkbox"/> GRANTED <input type="checkbox"/> DENIED <input type="checkbox"/> PENDING <input type="checkbox"/> EXPIRED <input type="checkbox"/> SUSPENDED <input type="checkbox"/> CONDITIONED <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> REVOKED		
			<input type="checkbox"/> GRANTED <input type="checkbox"/> DENIED <input type="checkbox"/> PENDING <input type="checkbox"/> EXPIRED <input type="checkbox"/> SUSPENDED <input type="checkbox"/> CONDITIONED <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> REVOKED		

GAMING LICENSES AND PERMITS

16. HAS APPLICANT APPLIED IN ANY JURISDICTION FOR ANY LICENSE OR PERMIT BY A GOVERNMENT AGENCY CHARGED WITH REGULATING GAMES OF CHANCE, INCLUDING BUT NOT LIMITED TO SLOT MACHINES, VIDEO LOTTERY TERMINALS, TABLE GAMES, HORSE RACING, JAI ALAI, ETC.? A GOVERNMENTAL AGENCY AS USED HERE INCLUDES ANY SUBORDINATE CREATURE OF FEDERAL, STATE, NATIVE AMERICAN OR LOCAL GOVERNMENT CREATED TO CARRY OUT A GOVERNMENTAL FUNCTION OR TO IMPLEMENT A STATUTE OR STATUTES. IF YES, PROVIDE THE FOLLOWING INFORMATION FOR THE LAST TEN (10) YEAR PERIOD.

APPLICANT LICENSING (GOVERNMENT ISSUED – GAMING)					
TYPE OF LICENSE OR PERMIT	NAME AND LOCATION OF GOVERNMENT AGENCY	APPLICATION NUMBER	DISPOSITION	DATE OF DISPOSITION	IF GRANTED, PROVIDE THE LICENSE/PERMIT NUMBER AND EXPIRATION DATE. IF DENIED, PENDING, EXPIRED, SUSPENDED, CONDITIONED, WITHDRAWN OR REVOKED, PROVIDE DETAILS.
			<input type="checkbox"/> GRANTED <input type="checkbox"/> DENIED <input type="checkbox"/> PENDING <input type="checkbox"/> EXPIRED <input type="checkbox"/> SUSPENDED <input type="checkbox"/> CONDITIONED <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> REVOKED		
			<input type="checkbox"/> GRANTED <input type="checkbox"/> DENIED <input type="checkbox"/> PENDING <input type="checkbox"/> EXPIRED <input type="checkbox"/> SUSPENDED <input type="checkbox"/> CONDITIONED <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> REVOKED		
			<input type="checkbox"/> GRANTED <input type="checkbox"/> DENIED <input type="checkbox"/> PENDING <input type="checkbox"/> EXPIRED <input type="checkbox"/> SUSPENDED <input type="checkbox"/> CONDITIONED <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> REVOKED		

EDUCATIONAL DATA

17. BEGINNING WITH SECONDARY SCHOOL (HIGH SCHOOL), PROVIDE THE INFORMATION LISTED BELOW WITH RESPECT TO EACH SCHOOL, COLLEGE, GRADUATE OR POST GRADUATE SCHOOL YOU HAVE ATTENDED.

DATES		NAME AND ADDRESS OF SCHOOL, TRAINING PROGRAM, ETC.	DESCRIPTION OF EDUCATION PROGRAM	LIST ANY DEGREE OR CERTIFICATION ATTAINED	GRADUATED YES OR NO
FROM: (MO/YR)	TO: (MO/YR)				

FINANCIAL DATA/CREDIT HISTORY

18. WITHIN THE PAST TEN (10) YEARS, HAVE YOU HELD AN OWNERSHIP INTEREST IN ANY BUSINESS(ES)?
 (DO NOT INCLUDE PUBLICLY TRADED CORPORATIONS IN WHICH YOU OWNED LESS THAN 10% OF THE OUTSTANDING STOCK.)

Yes No

IF YES, BEGINNING WITH THE MOST RECENT AND WORKING BACKWARDS, PROVIDE THE FOLLOWING INFORMATION WITH REGARD TO ALL BUSINESS(ES) IN WHICH YOU HAVE HELD AN OWNERSHIP INTEREST.

DATES		NAME(S) AND ADDRESS(ES) OF BUSINESS(ES)	CURRENT STATUS OF BUSINESS(ES)	% INTEREST HELD BY YOU	NAME(S) OF OTHER OWNER(S)
FROM: (MO/YR)	TO: (MO/YR)				

BANKRUPTCY OR INSOLVENCY PROCEEDINGS

19. A. HAVE YOU PERSONALLY EVER BEEN ADJUDICATED BANKRUPT OR FILED A PETITION FOR ANY TYPE OF BANKRUPTCY OR INSOLVENCY UNDER ANY BANKRUPTCY OR INSOLVENCY LAW IN THE LAST TEN (10) YEAR PERIOD? IF YES, ATTACH A COPY OF THE BANKRUPTCY PETITION AND DISCHARGE, IF GRANTED.

YES NO

B. HAS A COURT APPOINTED ANY RECEIVER, FISCAL AGENT, TRUSTEE, REORGANIZATION TRUSTEE, OR SIMILAR OFFICER FOR APPLICANT IN THE LAST TEN (10) YEAR PERIOD?

YES NO

IF YES TO ANY OF THESE QUESTIONS, COMPLETE THE FOLLOWING CHART:

BANKRUPTCY OR INSOLVENCY PROCEEDINGS			
NAME OF CASE & DOCKET NUMBER	DATE PETITION FILED OR RELIEF SOUGHT	NAME AND ADDRESS OF AGENCY OR COURT INVOLVED	
	DATE JUDGMENT OR RELIEF ENTERED	NAME OF COURT APPOINTED RECEIVER, AGENT OR TRUSTEE	DATE RECEIVER, AGENT OR TRUSTEE APPOINTED
NATURE OF JUDGMENT OR RELIEF			

20. HAVE YOUR WAGES, EARNINGS, OR OTHER INCOME BEEN SUBJECT TO GARNISHMENT, ATTACHMENT, CHARGING ORDER, VOLUNTARY WAGE EXECUTION OR THE LIKE DURING THE PAST TEN (10) YEAR PERIOD? YES NO

IF YES, COMPLETE THE FOLLOWING CHART:

DATE FILED	DOCKET NUMBER	NAME AND ADDRESS OF COURT OR AGENCY INVOLVED	NATURE OF OBLIGATION	ORIGINAL AMOUNT OF OBLIGATION	CURRENT AMOUNT OF OBLIGATION	NAME AND ADDRESS OF HOLDER OF OBLIGATION

21. A. DO YOU HAVE ANY BANK ACCOUNTS OR SAFE DEPOSIT BOXES IN YOUR NAME? YES NO
 B. DO YOU HAVE ACCESS TO THE FUNDS IN ANY OTHER BANK ACCOUNTS OR SAFE DEPOSIT BOXES? YES NO

IF YOU ANSWER YES TO EITHER QUESTION, COMPLETE THE FOLLOWING CHART:

NAME AND ADDRESS OF BANK	NAME(S) IN WHICH ACCOUNT(S) OR SAFE DEPOSIT BOX(ES) HELD	TYPE OF ACCOUNT, (SAVINGS, CHECKING, SAFE DEPOSIT, ETC.)	ACCOUNT NO. OR SAFE DEPOSIT BOX NO.

22. PROVIDE THE FOLLOWING INFORMATION WITH REGARD TO ALL ACCOUNTS PAYABLE (INCLUDE LINES OF CREDIT, INSTALLMENT LOANS, REVOLVING CHARGE ACCOUNTS AND ANY OTHER ACCOUNTS) FOR WHICH YOU ARE OBLIGATED.

NAME AND ADDRESS OF CREDITOR	ACCOUNT NUMBER, IF ANY	DATE OPENED OR INCURRED	DUE DATE	INTEREST RATE (%)	NATURE OF ACCOUNT	ORIGINAL AMOUNT OF LIABILITY	CURRENT AMOUNT OUTSTANDING
							\$ _____
							TOTAL AMOUNT OUTSTANDING

REFERENCES

23. PROVIDE THE NAMES AND OTHER INFORMATION REQUESTED OF THREE (3) REFERENCES OVER THE AGE OF EIGHTEEN (18) WHO HAVE KNOWN YOU FOR AT LEAST ONE (1) YEAR AND CAN ATTEST TO YOUR GOOD CHARACTER AND REPUTATION. NO PERSON CAN BE A REFERENCE WHO IS A MEMBER OF YOUR FAMILY. (SPOUSE, PARENTS, GRANDPARENTS, CHILDREN, GRANDCHILDREN, SIBLINGS, UNCLES, AUNTS, NEPHEWS, NIECES, FATHERS-IN-LAW, MOTHERS-IN-LAW, SONS-IN-LAW, DAUGHTERS-IN-LAW, BROTHERS-IN-LAW AND SISTERS-IN-LAW WHETHER BY WHOLE OR HALF BLOOD, BY MARRIAGE, ADOPTION OR NATURAL RELATIONSHIP.)

REFERENCE ONE

NAME _____ BUSINESS ADDRESS _____
ADDRESS _____

TELEPHONE No. _____ OCCUPATION _____
HOW LONG HAVE YOU KNOWN THE REFERENCE? _____

REFERENCE TWO

NAME _____ BUSINESS ADDRESS _____
ADDRESS _____

TELEPHONE No. _____ OCCUPATION _____
HOW LONG HAVE YOU KNOWN THE REFERENCE? _____

REFERENCE THREE

NAME _____ BUSINESS ADDRESS _____
ADDRESS _____

TELEPHONE No. _____ OCCUPATION _____
HOW LONG HAVE YOU KNOWN THE REFERENCE? _____

CIVIL, CRIMINAL AND INVESTIGATORY PROCEEDINGS

THE NEXT QUESTION ASKS IF YOU HAVE EVER BEEN ARRESTED OR CHARGED WITH ANY CRIME OR OFFENSE IN PENNSYLVANIA OR ANY OTHER JURISDICTION. PRIOR TO ANSWERING THIS QUESTION, CAREFULLY REVIEW THE DEFINITIONS AND INSTRUCTIONS WHICH FOLLOW.

IF YOU NEED HELP FILLING OUT THIS SECTION, PLEASE SEE THE HUMAN RESOURCE REPRESENTATIVE FROM THE CASINO OR CALL THE PGCB AT 877-500-PGCB (877-500-7422). IT IS IMPORTANT THAT YOU UNDERSTAND THESE INSTRUCTIONS.

FOR PURPOSES OF THIS QUESTION, USE THE FOLLOWING DEFINITIONS:

- A. "CRIME OR OFFENSE" INCLUDES ALL FELONIES AND MISDEMEANORS, AS WELL AS SUMMARY OFFENSES THAT MAY HAVE REQUIRED YOU TO APPEAR IN JUSTICE COURT, MUNICIPAL COURT, CITY COURT, TRAFFIC COURT OR ANY OTHER COURT EXCEPT JUVENILE COURT.
- B. "ARREST" INCLUDES ANY TIME THAT YOU WERE STOPPED BY A POLICE OFFICER OR OTHER LAW ENFORCEMENT OFFICER, ADVISED BY A POLICE OFFICER OR OTHER LAW ENFORCEMENT OFFICER THAT YOU WERE UNDER ARREST, HELD FOR QUESTIONING, REQUESTED BY A POLICE OFFICER OR LAW ENFORCEMENT OFFICER TO COME TO A POLICE STATION AND ANSWER QUESTIONS, TAKEN INTO CUSTODY BY ANY POLICE OFFICER OR OTHER LAW ENFORCEMENT OFFICER, FINGERPRINTED, HELD IN JAIL, OR INSTRUCTED TO APPEAR IN COURT TO ANSWER FOR CONDUCT WHICH IS A CRIME AS HAS BEEN DEFINED IN PARAGRAPH "A."
- C. "CHARGE" INCLUDES ANY INDICTMENT, COMPLAINT, INFORMATION, SUMMONS, OR OTHER NOTICE OF THE ALLEGED COMMISSION OF ANY CRIME OR OFFENSE AS DEFINED IN PARAGRAPH "A."

INSTRUCTIONS:

- A. ANSWER **"YES"** AND PROVIDE ALL INFORMATION TO THE BEST OF YOUR ABILITY **EVEN IF:**
 - 1. YOU DID NOT COMMIT THE OFFENSE CHARGED;
 - 2. THE ARREST OR CHARGES WERE DISMISSED OR THE CHARGES WERE SUBSEQUENTLY DOWNGRADED TO A LESSER CHARGE;
 - 3. YOU PLEADED NOT GUILTY OR NOLO CONTENDERE;

4. YOU COMPLETED AN ACCELERATED REHABILITATIVE DISPOSITION (“ARD”) OR EQUIVALENT DIVERSIONARY PROGRAM;
5. THE CHARGES OR CONVICTION WERE EXPUNGED FROM YOUR RECORD, EVEN IF YOU HAVE EXPUNGEMENT PAPERS;
6. YOU WERE NOT CONVICTED OR WERE FOUND “NOT GUILTY”;
7. YOU DID NOT SERVE ANY TIME IN PRISON OR JAIL;
8. THE ARRESTS, CHARGES OR OFFENSES HAPPENED A LONG TIME AGO;
9. YOU WERE ARRESTED OR CHARGED IN ANOTHER STATE (A STATE OTHER THAN PENNSYLVANIA);
10. YOU WERE NEVER PHYSICALLY TAKEN INTO CUSTODY AND/OR TRANSPORTED TO A POLICE STATION OR JAIL.

B. ANSWER “**NO**” IF:

1. YOU HAVE NEVER BEEN ARRESTED OR CHARGED WITH ANY CRIME OR OFFENSE;
2. YOUR ARREST HAPPENED WHEN YOU WERE UNDER 18 YEARS OF AGE AND YOUR COURT APPEARANCE WAS IN JUVENILE COURT.

FAILURE TO FULLY ANSWER THIS QUESTION MAY RESULT IN THE DENIAL OF YOUR APPLICATION.

26. HAVE YOU EVER BEEN ARRESTED OR CHARGED WITH ANY CRIME OR OFFENSE IN PENNSYLVANIA OR ANY OTHER JURISDICTION? Yes No

IF YES, PROVIDE THE FOLLOWING INFORMATION:

NAME OF CASE & DOCKET NUMBER OR SUMMONS NUMBER	NATURE OF ARREST OR CHARGE	DATE OF ARREST OR CHARGE	DISPOSITION (ACQUITTED, CONVICTED, DISMISSED, ETC.)	NAME AND ADDRESS OF LAW ENFORCEMENT AGENCY OR COURT INVOLVED	SENTENCE

27. HAVE YOU EVER BEEN CALLED TO TESTIFY BEFORE, BEEN THE SUBJECT OF AN INVESTIGATION CONDUCTED BY, OR REQUESTED TO TAKE A POLYGRAPH EXAM BY ANY GOVERNMENTAL AGENCY, COURT, COMMITTEE, GRAND JURY OR INVESTIGATORY BODY (MUNICIPAL, STATE, COUNTY, PROVINCIAL, FEDERAL, NATIONAL, ETC.) OTHER THAN IN RESPONSE TO A TRAFFIC SUMMONS? YES NO

IF YES, COMPLETE THE FOLLOWING CHART:

NAME AND ADDRESS OF COURT OR OTHER AGENCY	NATURE OF PROCEEDINGS OR INVESTIGATION	WAS TESTIMONY GIVEN?	DATE ON WHICH TESTIMONY WAS GIVEN	APPROXIMATE TIME PERIOD OF INVESTIGATION

28. A. IN THE PAST TEN (10) YEARS, HAVE YOU BEEN A PARTY TO A LAWSUIT? (INCLUDE MATRIMONIAL MATTERS, NEGLIGENCE MATTERS, AUTO ACCIDENT MATTERS, CONTRACT MATTERS, COLLECTION MATTERS, DEBT MATTERS, ETC.). YES NO
- B. HAVE YOU EVER HAD ANY FINANCIAL LIENS OR JUDGMENTS FILED AGAINST YOU? (INCLUDE FEDERAL TAX LIENS, STATE TAX LIENS, UNEMPLOYMENT COMPENSATION JUDGMENTS, DEFAULTED STUDENTS LOANS, DELINQUENT CHILD SUPPORT OBLIGATIONS, ETC.). YES NO
- C. DO YOU HAVE ANY OUTSTANDING TAX LIABILITIES TO EITHER THE COMMONWEALTH OF PENNSYLVANIA OR ANY OTHER JURISDICTION? YES NO

IF YOU ANSWER YES TO ANY QUESTION, COMPLETE THE FOLLOWING CHART:

VIOLATION		
NAME OF CASE & DOCKET NUMBER	DATE OF JUDGMENT, ORDER OR DECREE	NAME AND ADDRESS OF AGENCY OR COURT INVOLVED
NATURE OF OFFENSE		
DISPOSITION <input type="checkbox"/> ACQUITTED <input type="checkbox"/> CONVICTED <input type="checkbox"/> DISMISSED <input type="checkbox"/> OTHER _____		
NATURE OF JUDGMENT, DECREE OR ORDER		
VIOLATION		
NAME OF CASE & DOCKET NUMBER	DATE OF JUDGMENT, ORDER OR DECREE	NAME AND ADDRESS OF AGENCY OR COURT INVOLVED
NATURE OF OFFENSE		
DISPOSITION <input type="checkbox"/> ACQUITTED <input type="checkbox"/> CONVICTED <input type="checkbox"/> DISMISSED <input type="checkbox"/> OTHER _____		
NATURE OF JUDGMENT, DECREE OR ORDER		

APPLICATION FOR PENNSYLVANIA TAX CLEARANCE REVIEW

COMPLETION OF THIS FORM IS AN APPLICATION REQUIREMENT AND WILL AUTHORIZE THE PENNSYLVANIA DEPARTMENT OF REVENUE ("DOR") AND THE DEPARTMENT OF LABOR AND INDUSTRY ("DLI") TO REVIEW YOUR TAX RECORDS AS PART OF THE LICENSING EVALUATION CONDUCTED BY THE PENNSYLVANIA GAMING CONTROL BOARD ("BOARD"). YOUR SIGNATURE ON THIS FORM ALSO REPRESENTS A WAIVER OF CONFIDENTIALITY OF TAX INFORMATION. YOUR SIGNATURE ALLOWS THE DOR AND DLI TO PROVIDE TAX INFORMATION TO THE BOARD AND ITS AUTHORIZED INVESTIGATORY AGENTS. IN ADDITION, YOUR SIGNATURE AUTHORIZES THE DOR, DLI AND THE BOARD TO PROVIDE YOUR TAX INFORMATION TO THE ENTITY FOR WHICH YOU ARE A GAMING EMPLOYEE APPLICANT OR PERMITEE.

NAME AS LISTED ON TAX RETURN

SOCIAL SECURITY NUMBER

ADDRESS

CITY

STATE

ZIP CODE

I CERTIFY THAT I AM THE INDIVIDUAL WHOSE TAX RECORDS ARE TO BE REVIEWED.

APPLICANT SIGNATURE

TELEPHONE NUMBER

DATE

TAX AFFIDAVIT

AFFIDAVIT OF _____
(NAME OF APPLICANT)

COMMONWEALTH/STATE OF _____ :
: SS
COUNTY OF _____ :

I, _____, PGCB Docket No. _____, of full age, being duly sworn according to law upon my oath, hereby depose and say:

CHECK ONE OF THE BOXES BELOW:

- I have filed the appropriate returns/forms AND have no outstanding federal income taxes, state income taxes, local income taxes, property taxes, school taxes, personal taxes or taxes owed to any other governmental entity.
- I have outstanding federal income taxes, state income taxes, local income taxes, property taxes, school taxes and/or personal taxes as described below:

I am providing this affidavit as part of my application. The foregoing statements made by me are true and correct to the best of my knowledge, information and belief and I expect to be able to prove these facts should the Pennsylvania Gaming Control Board request that I do so.

SWORN AND SUBSCRIBED TO ME THIS _____
OF _____, 20_____.

NOTARY PUBLIC
COMMISSION EXPIRES ON: ____/____/20____

AFFIDAVIT

STATE OF _____ :

SS:

COUNTY OF _____ :

THE APPLICANT HEREBY CERTIFIES THAT THE INFORMATION PROVIDED IN THE APPLICATION IS TRUE AND CORRECT AND THAT THERE IS NO MISREPRESENTATION, FALSIFICATION OR OMISSION IN THE APPLICATION. FURTHER, THE APPLICANT IS AWARE THAT ANY FALSE OR MISLEADING STATEMENT OR OMITTED INFORMATION WILL BE CAUSE FOR REJECTION OR REVOCATION OF A LICENSE AND MAY BE SUBJECT TO CRIMINAL PENALTIES UNDER 18 PA. C.S.A. §§ 4902, 4903 AND 4904.

THE APPLICANT FURTHER CERTIFIES THAT HE/SHE HAS FAMILIARIZED HIMSELF/HERSELF WITH THE CONTENTS OF THE GAMING ACT AND ITS REGULATIONS AND AGREES, IF LICENSED, REGISTERED OR PERMITTED, TO ABIDE BY SAME, AND SPECIFICALLY AGREES AND AFFIRMS THE FOLLOWING:

THE BUREAU OF INVESTIGATIONS AND ENFORCEMENT ("BIE"), THE DEPARTMENT OF REVENUE ("DOR") AND THE PENNSYLVANIA STATE POLICE ("PSP") SHALL HAVE THE AUTHORITY, WITHOUT NOTICE AND WITHOUT WARRANT, TO DO ALL OF THE FOLLOWING IN THE PERFORMANCE OF THEIR DUTIES:

1. INSPECT AND EXAMINE ALL PREMISES WHERE SLOT MACHINE OPERATIONS ARE CONDUCTED, GAMING DEVICES OR EQUIPMENT ARE MANUFACTURED, SOLD, DISTRIBUTED OR SERVICED OR WHERE RECORDS OF THESE ACTIVITIES ARE PREPARED OR MAINTAINED.
2. INSPECT ALL EQUIPMENT AND SUPPLIES IN, ABOUT, UPON OR AROUND PREMISES REFERRED TO IN PARAGRAPH 1.
3. SEIZE, SUMMARILY REMOVE AND IMPOUND EQUIPMENT AND SUPPLIES FROM PREMISES REFERRED TO IN PARAGRAPH 1 FOR THE PURPOSES OF EXAMINATION AND INSPECTION.
4. INSPECT, EXAMINE AND AUDIT ALL BOOKS, RECORDS AND DOCUMENTS PERTAINING TO A SLOT MACHINE LICENSEE'S OPERATION.
5. SEIZE, IMPOUND OR ASSUME PHYSICAL CONTROL OF ANY BOOK, RECORD, LEDGER, GAME, DEVICE, CASH BOX AND ITS CONTENTS, COUNTING ROOM OR ITS EQUIPMENT OR SLOT MACHINE OPERATIONS.

IN ADDITION, TO FURTHER EFFECTUATE THE PURPOSES OF THE GAMING ACT AND ITS REGULATIONS, THE BIE AND THE PSP MAY OBTAIN ADMINISTRATIVE WARRANTS FOR THE INSPECTION AND SEIZURE OF PROPERTY POSSESSED, CONTROLLED, BAILED OR OTHERWISE HELD BY AN APPLICANT, LICENSEE, REGISTRANT, PERMITTEE, INTERMEDIARY, SUBSIDIARY, AFFILIATE OR HOLDING COMPANY.

ANY LICENSEE, KEY EMPLOYEE OR GAMING EMPLOYEE SHALL HAVE THE DUTY TO:

1. PROVIDE ANY ASSISTANCE OR INFORMATION REQUIRED BY THE PENNSYLVANIA GAMING CONTROL BOARD ("BOARD"), OR THE PSP AND TO COOPERATE IN ANY INQUIRY, INVESTIGATION OR HEARING;
2. CONSENT TO INSPECTION, SEARCHES AND SEIZURES;
3. INFORM THE BOARD OF ANY ACTIONS WHICH THEY BELIEVE WOULD CONSTITUTE A VIOLATION OF THIS PART; AND
4. INFORM THE BOARD OF ANY ARRESTS FOR ANY CRIMINAL VIOLATIONS OR OFFENSES INCLUDING THOSE ENUMERATED UNDER 18 PA. C.S.A. (RELATING TO CRIMES AND OFFENSES).

FURTHERMORE, THE APPLICANT HEREBY CERTIFIES THAT THE UNDERSIGNED IS AUTHORIZED TO SIGN THE APPLICATION ON BEHALF OF THE APPLICANT AND THAT THERE IS NO MISREPRESENTATION, FALSIFICATION OR OMISSION IN THE APPLICATION AND FURTHER AGREES TO THE TERMS OF LICENSING, REGISTRATION OR PERMITTING AS SPECIFIED WITHIN THE REGULATIONS AND SPECIFICATIONS OF THE PENNSYLVANIA GAMING CONTROL BOARD.

I HEREBY EXPRESSLY WAIVE, RELEASE, AND FOREVER DISCHARGE THE COMMONWEALTH OF PENNSYLVANIA, THE LICENSING AGENCY AND THEIR AGENTS FROM ANY AND ALL MANNER OF ACTION AND CAUSES OF ACTION WHATSOEVER WHICH I, MY ADMINISTRATORS OR EXECUTORS CAN, SHALL, OR MAY HAVE AGAINST THE COMMONWEALTH OF PENNSYLVANIA, THE LICENSING AGENCY AND THEIR AGENTS, AS A RESULT OF MY APPLYING FOR A GAMING LICENSE, REGISTRATION OR PERMIT IN THE COMMONWEALTH OF PENNSYLVANIA.

APPLICANT CERTIFICATION (REQUIRED) DATE: ____/____/20____

NAME OF APPLICANT _____

SIGNATURE OF APPLICANT _____

INDIVIDUAL PREPARING THIS FORM IF DIFFERENT FROM APPLICANT _____

(NAME, TITLE AND SIGNATURE)

SUBSCRIBED AND SWORN TO ME THIS ____ DAY OF

_____ OF 20____.

NOTARY PUBLIC

MY COMMISSION EXPIRES ON ____/____/20____

**PENNSYLVANIA GAMING CONTROL BOARD
PERMIT APPLICATION RELEASE AUTHORIZATION**

THIS RELEASE AUTHORIZATION EXTENDS TO THE REVIEW AND COPYING OF ANY INFORMATION PROTECTED FROM DISCLOSURE, PRIVILEGE OR OBLIGATION.

TO: ALL COURTS, PROBATION DEPARTMENTS, SELECTIVE SERVICE BOARDS, EMPLOYERS, EDUCATIONAL INSTITUTIONS, BANKS, FINANCIAL AND OTHER SUCH INSTITUTIONS, AND ALL GOVERNMENTAL AGENCIES- FEDERAL, STATE AND LOCAL, WITHOUT EXCEPTION, BOTH FOREIGN AND DOMESTIC.

FROM: _____
LEGAL NAME OF APPLICANT OR INDIVIDUAL (PLEASE PRINT)

I, THE UNDERSIGNED APPLICANT, HAVE FILED WITH THE PENNSYLVANIA GAMING CONTROL BOARD AN "APPLICATION" AS THAT TERM IS DEFINED IN 58 PA. CODE § 401A.3. I UNDERSTAND THAT I AM SEEKING THE GRANTING OF A PRIVILEGE AND ACKNOWLEDGE THAT THE BURDEN OF PROVING MY QUALIFICATIONS AND SUITABILITY FOR A FAVORABLE DETERMINATION IS AT ALL TIMES ON ME. I ACCEPT ANY RISK OF ADVERSE PUBLIC NOTICE, EMBARRASSMENT, CRITICISM, OR OTHER ACTION OR FINANCIAL LOSS WHICH MAY RESULT FROM ACTION WITH RESPECT TO THIS APPLICATION.

I, HEREBY AUTHORIZE AND REQUEST ALL PERSONS, AND INSTITUTIONS, AND EVERY FEDERAL ,STATE, OR LOCAL GOVERNMENTAL AGENCY, INCLUDING BUT NOT LIMITED TO EVERY COURT, LAW ENFORCEMENT AGENCY, CRIMINAL JUSTICE AGENCY, OR PROBATION DEPARTMENT, WITHOUT EXCEPTION, BOTH FOREIGN AND DOMESTIC TO WHOM THIS RELEASE AUTHORIZATION IS PRESENTED, HAVING INFORMATION RELATING TO OR CONCERNING ME, REFERENCED HEREIN ABOVE TO FURNISH SUCH INFORMATION, INCLUDING THE REVIEW AND COPYING OF DOCUMENTS, TO THE PENNSYLVANIA GAMING CONTROL BOARD AND ITS AGENTS WHETHER OR NOT SUCH INFORMATION WOULD OTHERWISE BE PROTECTED FROM DISCLOSURE BY ANY CONSTITUTIONAL, STATUTORY, OR OTHER LEGAL PRIVILEGE.

THIS RELEASE AUTHORIZATION EXPIRES TWELVE (12) MONTHS FROM THE DATE OF ISSUANCE OR AT THE TERMINATION OF ALL PERMITS/REGISTRATIONS ISSUED TO ME.

IF THE PERSON OR ENTITY TO WHOM THIS RELEASE AUTHORIZATION IS PRESENTED IS A BROKERAGE FIRM, BANK, SAVINGS AND LOAN, OR OTHER FINANCIAL INSTITUTION OR AN OFFICER OF THE SAME, I HEREBY AUTHORIZE AND REQUEST THAT THE PENNSYLVANIA GAMING CONTROL BOARD AND ITS AGENTS BE PERMITTED TO REVIEW AND OBTAIN COPIES OF ANY AND ALL DOCUMENTS, RECORDS, OR CORRESPONDENCE PERTAINING TO ME, INCLUDING BUT NOT LIMITED TO PAST LOAN INFORMATION, NOTES COSIGNED BY ME, CHECKING ACCOUNT RECORDS, SAVINGS DEPOSIT RECORDS, SAFE DEPOSIT BOX RECORDS, PASSBOOK RECORDS, AND GENERAL LEDGER FOLIO SHEETS.

IF THIS RELEASE AUTHORIZATION IS PRESENTED TO A REGULATORY AGENCY, INCLUDING ANY GRIEVANCE OR DISCIPLINARY AGENCY, IN ANY JURISDICTION TO WHICH I HAVE BEEN GRANTED A PERMIT, LICENSE, CREDENTIAL, PRIVILEGE OR ANY SIMILAR AUTHORITY, I HEREBY AUTHORIZE AND REQUEST THAT THE PENNSYLVANIA GAMING CONTROL BOARD AND ITS AGENTS BE PERMITTED BY SAID AGENCY TO REVIEW AND OBTAIN COPIES OF ANY AND ALL DOCUMENTS, RECORDS, OR CORRESPONDENCE PERTAINING TO ME, AND I HEREBY AUTHORIZE SAID AGENCY, TO MAKE FULL AND COMPLETE DISCLOSURE OF ANY AND ALL INFORMATION INCLUDING, BUT NOT LIMITED TO, COMPLAINTS FILED AGAINST ME, DISPOSITION THEREOF, IMPOSITION OF DISCIPLINE, WHETHER PRIVATE OR PUBLIC, AS WELL AS SUCH OTHER INFORMATION ON FILE OR AVAILABLE CONCERNING ME.

I HEREBY AUTHORIZE THE PENNSYLVANIA GAMING CONTROL BOARD AND ITS AGENTS TO REVIEW AND OBTAIN COPIES OF ANY AND ALL DOCUMENTS, RECORDS, OR CORRESPONDENCE PERTAINING TO ME FROM ANY LAW ENFORCEMENT AGENCY OR CRIMINAL JUSTICE AGENCY OF ANY JURISDICTION, OR TAXING AUTHORITY OF ANY JURISDICTION AND PERMIT SAID AGENCIES TO MAKE FULL AND COMPLETE DISCLOSURE OF ANY AND ALL INFORMATION ON FILE OR AVAILABLE CONCERNING ME.

THE RIGHTS AND POWERS HEREIN GRANTED ARE INTENDED TO FACILITATE THE BACKGROUND INVESTIGATION BEING CONDUCTED BY THE PENNSYLVANIA GAMING CONTROL BOARD AND ITS AGENTS AT MY REQUEST AND IS NOT OTHERWISE INTENDED TO CREATE OR ESTABLISH A FIDUCIARY RELATIONSHIP BETWEEN THE PENNSYLVANIA GAMING CONTROL BOARD, ITS AGENTS OR EMPLOYEES AND ME. I HEREBY ACKNOWLEDGE THAT NO SUCH RELATIONSHIP EXISTS.

I, HEREBY RELEASE, REMISE, INDEMNIFY, HOLD HARMLESS, AND FOREVER DISCHARGE THE PERSON OR ENTITY TO WHOM THIS RELEASE AUTHORIZATION IS PRESENTED, THE COMMONWEALTH OF PENNSYLVANIA, THE PENNSYLVANIA GAMING CONTROL BOARD AND ITS AGENTS AND EMPLOYEES FROM ANY AND ALL MANNER OF ACTION, CAUSES OF ACTION, SUITS, DEBTS, JUDGMENTS, EXECUTIONS, CLAIMS, DAMAGES, LOSSES, EXPENSES INCLUDING ATTORNEY FEES, AND DEMANDS WHATSOEVER, KNOWN OR UNKNOWN, IN LAW OR EQUITY, WHICH I EVER HAD, NOW HAVE, MAY HAVE, OR CLAIM TO HAVE AGAINST THE AFOREMENTIONED PERSONS OR ENTITIES TO WHOM THIS RELEASE AUTHORIZATION IS PRESENTED, THE COMMONWEALTH OF PENNSYLVANIA, THE PENNSYLVANIA GAMING CONTROL BOARD AND ITS AGENTS OR EMPLOYEES ARISING OUT OF OR BY REASON OF COMPLYING WITH THIS RELEASE AUTHORIZATION OTHER THAN A WILLFULLY UNLAWFUL DISCLOSURE OR PUBLICATION OF MATERIAL OR INFORMATION ACQUIRED DURING MY INVESTIGATION.

I, HEREBY AUTHORIZE THE PENNSYLVANIA GAMING CONTROL BOARD TO DISCLOSE ANY INFORMATION OBTAINED THROUGH MY BACKGROUND INVESTIGATION TO THE ENTITY FOR WHICH I AM A GAMING EMPLOYEE APPLICANT OR PERMITEE, OR NON-GAMING APPLICANT OR REGISTRANT.

A REPRODUCTION OF THIS REQUEST BY PHOTOCOPY, FACSIMILE OR SIMILAR PROCESS SHALL BE FOR ALL INTENTS AND PURPOSES AS VALID AS THE ORIGINAL.

THIS AUTHORIZATION, REQUEST AND RELEASE IS GRANTED AND GIVEN IN CONNECTION WITH THE PERMIT APPLICATION OF THE APPLICANT OR INDIVIDUAL LISTED ABOVE.

SWORN AND SUBSCRIBED TO ME ON THIS

(SIGNATURE OF APPLICANT OR INDIVIDUAL)

_____ DAY OF _____, 20_____

DATED: _____

NOTARY PUBLIC

MY COMMISSION EXPIRES ON: ____/____/20____

WAIVER OF LIABILITY

I, _____ (NAME OF APPLICANT), HEREBY WAIVE LIABILITY AS TO THE COMMONWEALTH OF PENNSYLVANIA AND ITS INSTRUMENTALITIES AND AGENTS, FOR ANY DAMAGES RESULTING TO ME FROM ANY DISCLOSURE OR PUBLICATION IN ANY MANNER, OTHER THAN A WILLFULLY UNLAWFUL DISCLOSURE OR PUBLICATION, OF ANY MATERIAL OR INFORMATION ACQUIRED DURING THE LICENSING, REGISTRATION OR PERMITTING PROCESS OR DURING ANY INQUIRIES, INVESTIGATIONS OR HEARINGS RELATED THERETO.

I AM AWARE THAT ANY FALSE OR MISLEADING STATEMENT OR OMITTED INFORMATION WILL BE CAUSE FOR REJECTION OR REVOCATION OF MY LICENSE, REGISTRATION OR PERMIT AND I MAY BE SUBJECT TO CRIMINAL PENALTIES UNDER 18 PA C.S.A. §§ 4902, 4903 AND 4904.

APPLICANT NAME

DATE

SIGNATURE

DAYTIME TELEPHONE NUMBER

SWORN AND SUBSCRIBED TO ME THIS _____

DAY OF _____, 20 _____.

NOTARY PUBLIC

MY COMMISSION EXPIRES ON: ____/____/20____

AUTHORIZATION FOR PENNSYLVANIA STATE POLICE TO OBTAIN AND RETAIN FINGERPRINTS, HANDWRITING EXEMPLAR AND PHOTOGRAPHIC IMAGES

PURSUANT TO THE GAMING ACT AND PENNSYLVANIA GAMING CONTROL BOARD REGULATIONS, I HEREBY AGREE TO SUBMIT TO FINGERPRINTING, A HANDWRITING EXEMPLAR AND PHOTOGRAPHING, TO INCLUDE VISIBLE SCARS, MARKS, AND TATTOOS, BY THE PENNSYLVANIA STATE POLICE ("PSP") FOR THE PURPOSE OF ASSISTING THE BOARD IN CARRYING OUT THE POLICIES AND PURPOSES OF THE ACT.

I ALSO AUTHORIZE THE PSP TO RETAIN AND TRANSMIT COPIES OF MY FINGERPRINTS, HANDWRITING EXEMPLAR AND PHOTOGRAPHIC IMAGE, USING ELECTRONIC MEANS IF APPROPRIATE, TO MEET THE NEEDS OF THE PSP AS DIRECTED BY THE BOARD PURSUANT TO THE GAMING ACT. I FURTHER UNDERSTAND AND AGREE THAT THE PSP WILL TRANSMIT COPIES OF MY FINGERPRINTS, HANDWRITING EXEMPLAR AND PHOTOGRAPHS TO THE BOARD, THE FEDERAL BUREAU OF INVESTIGATIONS, AND SUCH OTHER LAW ENFORCEMENT AGENCIES AS THE BOARD OR PSP DETERMINES TO BE APPROPRIATE FOR PURPOSES OF VERIFYING MY IDENTITY, OBTAINING RECORDS RELEVANT TO MY ELIGIBILITY TO ACQUIRE OR MAINTAIN BOARD AUTHORIZATION TO ENGAGE IN ACTIVITIES REGULATED BY, OR PURSUANT TO THE ACT, OR FOR PURPOSES OF TAKING ANY OTHER ACTION DEEMED NECESSARY BY THE BOARD OR PSP TO FULFILL THE POLICIES AND PURPOSES OF THE ACT.

I FURTHER AUTHORIZE THE PSP TO USE AND RETAIN THE FINGERPRINTS, HANDWRITING EXEMPLAR AND PHOTOGRAPHIC IMAGES FOR GENERAL LAW ENFORCEMENT PURPOSES.

BY SIGNING THIS FORM, I AM KNOWINGLY, WILLINGLY AND VOLUNTARILY WAIVING ANY AND ALL PRESENT AND FUTURE CLAIMS OR CAUSES OF ACTION THAT COULD BE ASSERTED AGAINST THE PSP AND THE BOARD RELATIVE TO THE BOARD AND PSP OBTAINING, RETAINING AND/OR DISSEMINATING THE WITHIN REFERENCED FINGERPRINT COPIES, HANDWRITING EXEMPLAR AND PHOTOGRAPHIC IMAGES FOR THE PURPOSES AND IN THE MANNER STATED HEREIN.

DATE

SIGNATURE (LEGAL SIGNATURE)

NAME (PLEASE PRINT)

()

DAYTIME TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO ME THIS _____ DAY
OF _____ OF, 20 _____

NOTARY PUBLIC

MY COMMISSION EXPIRES ON: ____/____/20 ____

ORIGINAL FOR PSP

AUTHORIZATION FOR PENNSYLVANIA STATE POLICE TO OBTAIN AND RETAIN FINGERPRINTS, HANDWRITING EXEMPLAR AND PHOTOGRAPHIC IMAGES

PURSUANT TO THE GAMING ACT AND PENNSYLVANIA GAMING CONTROL BOARD REGULATIONS, I HEREBY AGREE TO SUBMIT TO FINGERPRINTING, A HANDWRITING EXEMPLAR AND PHOTOGRAPHING, TO INCLUDE VISIBLE SCARS, MARKS, AND TATTOOS, BY THE PENNSYLVANIA STATE POLICE ("PSP") FOR THE PURPOSE OF ASSISTING THE BOARD IN CARRYING OUT THE POLICIES AND PURPOSES OF THE ACT.

I ALSO AUTHORIZE THE PSP TO RETAIN AND TRANSMIT COPIES OF MY FINGERPRINTS, HANDWRITING EXEMPLAR AND PHOTOGRAPHIC IMAGE, USING ELECTRONIC MEANS IF APPROPRIATE, TO MEET THE NEEDS OF THE PSP AS DIRECTED BY THE BOARD PURSUANT TO THE GAMING ACT. I FURTHER UNDERSTAND AND AGREE THAT THE PSP WILL TRANSMIT COPIES OF MY FINGERPRINTS, HANDWRITING EXEMPLAR AND PHOTOGRAPHS TO THE BOARD, THE FEDERAL BUREAU OF INVESTIGATIONS, AND SUCH OTHER LAW ENFORCEMENT AGENCIES AS THE BOARD OR PSP DETERMINES TO BE APPROPRIATE FOR PURPOSES OF VERIFYING MY IDENTITY, OBTAINING RECORDS RELEVANT TO MY ELIGIBILITY TO ACQUIRE OR MAINTAIN BOARD AUTHORIZATION TO ENGAGE IN ACTIVITIES REGULATED BY, OR PURSUANT TO THE ACT, OR FOR PURPOSES OF TAKING ANY OTHER ACTION DEEMED NECESSARY BY THE BOARD OR PSP TO FULFILL THE POLICIES AND PURPOSES OF THE ACT.

I FURTHER AUTHORIZE THE PSP TO USE AND RETAIN THE FINGERPRINTS, HANDWRITING EXEMPLAR AND PHOTOGRAPHIC IMAGES FOR GENERAL LAW ENFORCEMENT PURPOSES.

BY SIGNING THIS FORM, I AM KNOWINGLY, WILLINGLY AND VOLUNTARILY WAIVING ANY AND ALL PRESENT AND FUTURE CLAIMS OR CAUSES OF ACTION THAT COULD BE ASSERTED AGAINST THE PSP AND THE BOARD RELATIVE TO THE BOARD AND PSP OBTAINING, RETAINING AND/OR DISSEMINATING THE WITHIN REFERENCED FINGERPRINT COPIES, HANDWRITING EXEMPLAR AND PHOTOGRAPHIC IMAGES FOR THE PURPOSES AND IN THE MANNER STATED HEREIN.

DATE

SIGNATURE (LEGAL SIGNATURE)

NAME (PLEASE PRINT)

()

DAYTIME TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO ME THIS _____ DAY
OF _____, 20_____

NOTARY PUBLIC

MY COMMISSION EXPIRES ON: ____/____/20____

ORIGINAL FOR PGCB

APPLICANT NAME: _____
DOCKET #: _____

LICENSEE'S AFFIRMATION

STATE OF _____ :
COUNTY OF _____ : SS:

I AM AUTHORIZED BY THE CHIEF EXECUTIVE OFFICER TO EXECUTE THIS AFFIRMATION ON BEHALF OF _____ (NAME OR LICENSEE/BUSINESS ENTITY). I HEREBY CERTIFY THAT THE GAMING EMPLOYEE APPLICANT IS OR WILL BE A GAMING EMPLOYEE, IF PERMITTED, OF _____ (NAME OF LICENSEE/BUSINESS ENTITY). AND THAT, TO THE BEST OF MY KNOWLEDGE, THE INFORMATION CONTAINED IN THE APPLICANT'S APPLICATION FOR A LICENSE, REGISTRATION, CERTIFICATION OR PERMIT IS TRUE AND CORRECT AND THAT THERE IS NO MISREPRESENTATION, FALSIFICATION OR OMISSION IN THE AFOREMENTIONED APPLICATION. FURTHER, I AM AWARE THAT ANY FALSE OR MISLEADING STATEMENT OR OMITTED INFORMATION WILL BE CAUSE FOR REJECTION OR REVOCATION OF A LICENSE, REGISTRATION, CERTIFICATION OR PERMIT AND MAY BE SUBJECT TO CRIMINAL PENALTIES UNDER 18 PA.C.S.A. §§ 4902, 4903 AND 4904.

A DESCRIPTION OF THE GAMING EMPLOYEE APPLICANT'S EMPLOYMENT RESPONSIBILITIES AND THEIR RELATIONSHIP TO THE OPERATION OF THE LICENSEE/BUSINESS ENTITY AS WELL AS ALL EDUCATION, TRAINING AND EXPERIENCE THAT QUALIFIES THE APPLICANT FOR THE POSITION FOLLOWS: _____

CERTIFICATION (REQUIRED) DATE: ____/____/20____	SUBSCRIBED AND SWORN TO ME THIS ____ DAY OF
NAME _____	_____ OF 20____.
TITLE _____	NOTARY PUBLIC _____
SIGNATURE _____	MY COMMISSION EXPIRES ON ____/____/20____

*** TO BE COMPLETED BY AUTHORIZED INDIVIDUALS OF THE ENTITY FOR WHICH APPLICANT WILL BE A GAMING EMPLOYEE.**