



Pennsylvania
Gaming
Control
Board

HORSEMEN'S PERMIT APPLICATION 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) THE PENNSYLVANIA RACE HORSE DEVELOPMENT AND GAMING ACT (ACT) AS AMENDED AND 58 PA. CODE PART VII, GAMING CONTROL BOARD (REGULATIONS).

THESE INSTRUCTIONS ARE APPLICABLE TO ANY NATURAL PERSON WHO IS SEEKING TO BE PERMITTED FOR THREE (3) YEARS AS A HORSEMEN'S PERMITTEE AS DEFINED IN THE ACT AND REGULATIONS.

A LICENSE, PERMIT, CERTIFICATION OR REGISTRATION ISSUANCE, RENEWAL OR OTHER APPROVAL ISSUED BY THE BOARD IS A REVOCABLE PRIVILEGE. NO PERSON HOLDING A LICENSE, PERMIT, CERTIFICATION OR REGISTRATION, RENEWAL, OR OTHER APPROVAL IS DEEMED TO HAVE ANY PROPERTY RIGHTS RELATED TO THE LICENSE, PERMIT, CERTIFICATION OR REGISTRATION.

NOTE: ALL APPLICANTS FOR A HORSEMEN'S PERMIT MUST CURRENTLY BE A REPRESENTATIVE OR FIDUCIARY OF A HORSEMEN'S ORGANIZATION.

IF YOU HAVE ANY QUESTIONS REGARDING THE APPLICATION PACKAGE OR THE INFORMATION REQUIRED TO COMPLETE THE APPLICATION, PLEASE CONTACT YOUR HORSEMEN'S ORGANIZATION OR THE PENNSYLVANIA GAMING CONTROL BOARD – EMPLOYEE PERMITTING UNIT TOLL FREE AT 877-500-PGCB (877-500-7422).

1. HORSEMEN'S PERMIT APPLICATION FORM

THE ORIGINAL FORM AND ONE (1) COPY MUST BE SENT BY YOUR HORSEMEN'S ORGANIZATION TO THE PENNSYLVANIA GAMING CONTROL BOARD, BUREAU OF LICENSING, 303 WALNUT STREET, FIFTH FLOOR, VERIZON TOWER, HARRISBURG, PENNSYLVANIA 17101 WITH THE APPROPRIATE FEE.

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 INDIVIDUAL FILING THE FORM.

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

FEES SHALL BE PAID BY MONEY ORDER OR CHECK MADE PAYABLE TO THE "PENNSYLVANIA GAMING CONTROL BOARD." CASH WILL NOT BE ACCEPTED BY THE BOARD.

HORSEMEN'S ORGANIZATION PERMIT.....\$350.00

3. APPLICATION FORM INSTRUCTIONS

AS USED IN THIS APPLICATION FORM, THE WORDS "APPLICANT" AND "YOU" SHALL MEAN THE INDIVIDUAL COMPLETING THIS 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.

DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER IS MANDATORY IN ORDER FOR THE PGCB TO COMPLY WITH THE FEDERAL SOCIAL SECURITY ACT PERTAINING TO CHILD SUPPORT ENFORCEMENT, AS IMPLEMENTED IN THE COMMONWEALTH OF PENNSYLVANIA AT 23 PA. C.S. § 4304.1(A). THE SOCIAL SECURITY NUMBER WILL ALSO BE USED TO CONFIRM THE IDENTIFICATION OF THE APPLICANT OR LICENSEE AND WILL NOT BE USED AS A PERSONAL IDENTIFICATION NUMBER BY THE PGCB.

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 58 PA. CODE §§421A.1(G) AND 423A.1(E), 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 AND IRS FROM 4506T-EZ MUST BE COMPLETED AND SIGNED BY THE APPLICANT. ALL AUTHORIZATIONS, AFFIDAVITS AND WAIVERS OF LIABILITY AND STATEMENTS OF CONDITIONS MUST BE SIGNED BY THE APPLICANT AND NOTARIZED.

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 58 PA. CODE §423A.1(H).

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, CERTIFICATE 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 LICENSE, REGISTRATION, CERTIFICATE OR PERMIT AND MAY SUBJECT YOU TO CRIMINAL PENALTIES UNDER 18 PA. C.S.A. §4902, §4903 AND §4904.

IMPORTANT: IN ACCORDANCE WITH 58 PA. CODE §423A.7, 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 (5) YEARS FROM THE DATE THAT THE APPLICATION WAS DENIED OR THE LICENSE, CERTIFICATION, REGISTRATION OR PERMIT WAS REVOKED.

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

OR LICENSE, REGISTRATION, CERTIFICATE OR PERMIT HOLDER 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.

YOU WILL BE REQUIRED TO PROVIDE PROOF OF IDENTIFICATION AND AUTHORIZATION FOR PENNSYLVANIA STATE POLICE TO OBTAIN AND RETAIN FINGERPRINTS AND PHOTOGRAPHIC IMAGES. FAILURE TO COMPLY WITH THESE REQUIREMENTS WILL RESULT IN THE DENIAL OF YOUR LICENSE, PERMIT, REGISTRATION OR CERTIFICATE.

PURSUANT TO 58 PA. CODE §423A.5, ONCE THE APPLICATION HAS BEEN FILED, YOU MAY NOT WITHDRAW THE APPLICATION WITHOUT THE PERMISSION OF THE BOARD.

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

4. APPLICANT'S HORSEMEN'S ORGANIZATION INFORMATION

AS NOTED ABOVE, ALL APPLICANTS FOR A HORSEMEN'S PERMIT **MUST** CURRENTLY BE A REPRESENTATIVE OR FIDUCIARY OF A HORSEMEN'S ORGANIZATION.

COMPLETE THE NAME OF THE HORSEMEN'S ORGANIZATION SUBMITTING THIS APPLICATION ON YOUR BEHALF, CHECK THE APPROPRIATE BOX, AND ENTER YOUR TITLE.

APPLICANT IS CURRENTLY A HORSEMEN'S ORGANIZATION REPRESENTATIVE OR FIDUCIARY AFFILIATED WITH THE FOLLOWING LABOR ORGANIZATION:

_____.

APPLICANT IS A REPRESENTATIVE OF THE HORSEMEN'S ORGANIZATION.

APPLICANT IS A FIDUCIARY OF THE HORSEMEN'S ORGANIZATION.

APPLICANT'S TITLE: _____

HORSEMEN'S PERMIT APPLICATION FORM

GENERAL INFORMATION

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	
COUNTY	COUNTRY	DAY PHONE	EVENING PHONE	EMAIL ADDRESS		
MAILING ADDRESS (IF DIFFERENT FROM HOME ADDRESS)						
ADDRESS LINE 1			ADDRESS LINE 2			
ADDRESS LINE 3			CITY	STATE/PROVINCE	POSTAL CODE	
COUNTY	COUNTRY	DAY PHONE	EVENING PHONE	EMAIL ADDRESS		
DESCRIPTIVE INFORMATION						
SOCIAL SECURITY NUMBER*	HEIGHT ____ FT ____ IN	WEIGHT _____ LBS	TATTOOS, SCARS OR DISTINGUISHING MARKS:			
HAIR COLOR	EYE COLOR	SEX	RACE**			
<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	<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	<input type="checkbox"/> (M) MALE <input type="checkbox"/> (F) FEMALE	<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			
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

*DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER IS MANDATORY IN ORDER FOR THE PGCB TO COMPLY WITH THE FEDERAL SOCIAL SECURITY ACT PERTAINING TO CHILD SUPPORT ENFORCEMENT, AS IMPLEMENTED IN THE COMMONWEALTH OF PENNSYLVANIA AT 23 PA. C.S. § 4304.1(A). THE SOCIAL SECURITY NUMBER WILL ALSO BE USED TO CONFIRM THE IDENTIFICATION OF THE APPLICANT OR LICENSEE AND WILL NOT BE USED AS A PERSONAL IDENTIFICATION NUMBER BY THE PGCB.

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

RESIDENCE HISTORY

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

ADDRESS USED FROM	ADDRESS USED TO	
ADDRESS LINE 1	ADDRESS LINE 2	
ADDRESS LINE 3	CITY	STATE/PROVINCE
POSTAL CODE	COUNTRY	
ADDRESS USED FROM	ADDRESS USED TO	
ADDRESS LINE 1	ADDRESS LINE 2	
ADDRESS LINE 3	CITY	STATE/PROVINCE
POSTAL CODE	COUNTRY	
ADDRESS USED FROM	ADDRESS USED TO	
ADDRESS LINE 1	ADDRESS LINE 2	
ADDRESS LINE 3	CITY	STATE/PROVINCE
POSTAL CODE	COUNTRY	
ADDRESS USED FROM	ADDRESS USED TO	
ADDRESS LINE 1	ADDRESS LINE 2	
ADDRESS LINE 3	CITY	STATE/PROVINCE
POSTAL CODE	COUNTRY	

IF ADDITIONAL SPACE IS NEEDED, PLEASE PROVIDE AN ATTACHMENT.

CITIZENSHIP INFORMATION

2. PROVIDE THE FOLLOWING INFORMATION REGARDING YOUR CITIZENSHIP:

A. OF WHAT COUNTRY ARE YOU A CITIZEN? _____

B. PLACE OF BIRTH: _____
CITY/TOWN
COUNTY
STATE/PROVINCE

C. COUNTRY OF BIRTH: _____

3. IF YOU ARE NOT A UNITED STATES CITIZEN, BUT YOU ARE A LEGALLY AUTHORIZED PERMANENT RESIDENT ALIEN OR YOU ARE AUTHORIZED TO BE EMPLOYED IN THE UNITED STATES, PLEASE PROVIDE YOUR EMPLOYMENT AUTHORIZATION NUMBER OR OTHER AUTHORIZATION NUMBER IN THE SPACE PROVIDED BELOW. **You must also** ATTACH TO THIS FORM A COPY OF YOUR EMPLOYMENT AUTHORIZATION IDENTIFICATION CARD AND/OR ANY OTHER DOCUMENT THAT CONDITIONS OR RESTRICTS YOUR EMPLOYMENT.

A. EMPLOYMENT AUTHORIZATION NUMBER: _____

B. EMPLOYMENT AUTHORIZATION EXPIRATION DATE: _____

VEHICLE OPERATOR DATA

4. DO YOU POSSESS A CURRENT MOTOR VEHICLE OPERATOR LICENSE?

Yes No

IF YES, LIST ALL CURRENT MOTOR VEHICLE OPERATOR LICENSES ISSUED TO YOU BY THE COMMONWEALTH OF PENNSYLVANIA OR ANY OTHER JURISDICTION IN THE FOLLOWING CHART:

STATE/JURISDICTION	LICENSE NUMBER	TYPE OF LICENSE	DATE LAST ISSUED	EXPIRATION DATE OF LICENSE

6A. 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 NO./FLAT NO., 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.

6B. 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: _____

6C. IF SUBJECT TO AN ALIMONY OR SPOUSAL SUPPORT ORDER, IDENTIFY THE COURT RESPONSIBLE FOR ENFORCING THE ORDER:

NAME: _____

ADDRESS: _____

OTHER FAMILY AND HOUSEHOLD MEMBERS

7. 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 _____
TELEPHONE NO. _____	_____
RELATIONSHIP _____ AGE _____	_____
OCCUPATION _____	DATES THEY LIVED WITH YOU FROM _____ TO _____

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

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

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

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

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

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

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

MILITARY SERVICE DATA

8. 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: _____

9. 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.

10. 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:

DATE OF CHARGE	NATURE OF CHARGE OR ARREST	LOCATION OF CHARGE OR ARREST	DISPOSITION (CONVICTED, ACQUITTED, DISMISSED, PLEADING, ETC.)	CHARGING AUTHORITY	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

11. IN THE CHART BELOW, PROVIDE THE INFORMATION REGARDING YOUR EMPLOYMENT FOR THE PAST FIFTEEN (15) 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. IN ADDITION, ALL EMPLOYMENT BY A CASINO OR GAMING/GAMBLING-RELATED COMPANY MUST BE LISTED, EVEN IF IT IS OUTSIDE OF THE FIFTEEN (15) YEAR PERIOD.

GAMING/GAMBLING-RELATED EMPLOYMENT (Y/N)	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.

12. 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.

GAMING LICENSES AND PERMITS

13. NOT INCLUDING THIS APPLICATION HAVE YOU APPLIED IN ANY JURISDICTION, INCLUDING PENNSYLVANIA, 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. Yes No

IF YES, COMPLETE THE FOLLOWING CHART:

APPLICANT LICENSING (GOVERNMENT ISSUED – GAMING)					
TYPE OF LICENSE OR PERMIT	ISSUING AGENCY NAME/ISSUING AGENCY LOCATION	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		

BANKRUPTCY OR INSOLVENCY PROCEEDINGS

14A. 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

14B. HAS A COURT APPOINTED ANY RECEIVER, FISCAL AGENT, TRUSTEE, REORGANIZATION TRUSTEE, OR SIMILAR OFFICER FOR YOU IN THE LAST TEN (10) YEAR PERIOD? YES NO

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

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

15. 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

FINANCIAL DATA/CREDIT HISTORY

16A. DO YOU HAVE ANY BANK ACCOUNTS OR SAFE DEPOSIT BOXES IN YOUR NAME? YES NO

16B. 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) ARE HELD	TYPE OF ACCOUNT (SAVINGS, CHECKING, SAFE DEPOSIT BOX, ETC.)	ACCOUNT BALANCE

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

NAME AND ADDRESS OF CREDITOR	DATE DEBT INCURRED	DATE DUE	NATURE OF ACCOUNT	ORIGINAL AMOUNT	CURRENT AMOUNT

REFERENCES

18. 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.)

NAME _____	ADDRESS _____
DAY PHONE _____	_____
EVENING PHONE _____	_____
HOW LONG KNOWN (YEARS) _____	OCCUPATION _____

NAME _____	ADDRESS _____
DAY PHONE _____	_____
EVENING PHONE _____	_____
HOW LONG KNOWN (YEARS) _____	OCCUPATION _____

NAME _____	ADDRESS _____
DAY PHONE _____	_____
EVENING PHONE _____	_____
HOW LONG KNOWN (YEARS) _____	OCCUPATION _____

HEALTH AND PENSION BENEFIT PLAN

20. IF YOU ARE A FIDUCIARY AS DEFINED IN THE BOARD REGULATIONS, LIST THE NAME OF ALL HEALTH AND PENSION BENEFIT PLANS THAT YOU MANAGE FOR THE HORSEMEN'S ORGANIZATION FOR WHICH YOU ARE BEING PERMITTED.

NAME OF PLAN _____

ADDRESS _____

AUTHORITY/RESPONSIBILITY _____

NAME OF PLAN _____

ADDRESS _____

AUTHORITY/RESPONSIBILITY _____

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 TOLL FREE 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.

21. 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:

CASE NAME & 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

22. 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

- 23A. 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
- 23B. 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
- 23C. DO YOU HAVE ANY OUTSTANDING FEDERAL INCOME TAXES, STATE INCOME TAXES, LOCAL INCOME TAXES, PROPERTY TAXES, SCHOOL TAXES, PERSONAL TAXES OR TAXES OWED TO ANY OTHER GOVERNMENTAL ENTITY? Yes No
- 23D. HAVE YOU FAILED TO FILE THE APPROPRIATE FEDERAL, STATE AND LOCAL TAX RETURNS/FORMS? Yes No

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

VIOLATION		
CASE NAME & DOCKET NUMBER	DATE OF JUDGMENT, ORDER OR DECREE	NAME AND ADDRESS OF AGENCY OR COURT INVOLVED
LIABILITY TYPE AND 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		
CASE NAME & DOCKET NUMBER	DATE OF JUDGMENT, ORDER OR DECREE	NAME AND ADDRESS OF AGENCY OR COURT INVOLVED
LIABILITY TYPE AND 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		

**PENNSYLVANIA GAMING CONTROL BOARD
STATEMENT OF CONDITIONS
PERMITTEES AND REGISTRANTS**

IMPORTANT – I UNDERSTAND AND ACKNOWLEDGE THAT SHOULD MY APPLICATION FOR A PERMIT OR REGISTRATION BE APPROVED BY THE PENNSYLVANIA GAMING CONTROL BOARD (BOARD) OR IN THE EVENT I AM ISSUED A TEMPORARY CREDENTIAL, I WILL BE BOUND BY THE FOLLOWING STATEMENT OF CONDITIONS.

**WARNING – FAILURE TO COMPLY WITH THE FOLLOWING MAY RESULT IN THE
SUSPENSION OR REVOCATION OF YOUR PERMIT OR REGISTRATION**

INCLUDED IN THE LIST OF CONDITIONS BELOW ARE THE REQUIREMENTS THAT YOU:

- 1. NOTIFY THE BOARD WITHIN THIRTY (30) DAYS UPON YOUR CHARGING, INDICTMENT OR CONVICTION FOR ANY FELONY OR GAMBLING OFFENSE.**
- 2. IMMEDIATELY NOTIFY THE BOARD UPON LEARNING OF ANY INQUIRY OR INVESTIGATION BY ANY REGULATORY AGENCY OR SELF-REGULATORY ORGANIZATION OR OF ANY ACTION FILED BY ANY GOVERNMENTAL AUTHORITY AGAINST YOU.**
- 3. INFORM THE BOARD OF ANY ACTIONS WHICH YOU KNOW OR SUSPECT CONSTITUTE A VIOLATION OF THE PENNSYLVANIA RACE HORSE DEVELOPMENT AND GAMING ACT OR ANY RULES, REGULATIONS, TECHNICAL STANDARDS OR ORDERS IN EFFECT AS OF THIS DATE OR LATER AMENDED OR PROMULGATED BY THE BOARD.**
- 4. INFORM THE BOARD WITHIN THIRTY (30) DAYS OF YOUR ARREST FOR ANY VIOLATIONS OR OFFENSES ENUMERATED UNDER 18 PA. C.S. (RELATING TO CRIMES AND OFFENSES) OR ANY SIMILAR OFFENSE UNDER THE LAWS OF ANOTHER JURISDICTION.**
- 5. INFORM THE BOARD OF ANY MATERIAL CHANGES IN THE INFORMATION, MATERIALS AND DOCUMENTS SUBMITTED IN MY PERMIT OR REGISTRATION APPLICATION AS WELL AS CHANGES IN CIRCUMSTANCES THAT MAY RENDER ME INELIGIBLE, UNQUALIFIED OR UNSUITABLE TO HOLD A PERMIT OR REGISTRATION UNDER THE BOARD’S STANDARDS.**

NOTIFICATION TO THE BOARD MUST, AT A MINIMUM, INCLUDE YOU FILING AN AMENDMENT TO YOUR APPLICATION IN SLOTSLINK. FOR INSTRUCTIONS AND INFORMATION ABOUT ACCESSING YOUR SLOTSLINK APPLICATION, PLEASE CONTACT YOUR HUMAN RESOURCES OFFICE OR CONTACT THE PENNSYLVANIA GAMING CONTROL BOARD BUREAU OF LICENSING AT (877) 500-PGCB (7422).

I HEREBY EXPRESSLY ACCEPT, AGREE AND STIPULATE TO THE FOLLOWING CONDITIONS AS A PERMITEE OR REGISTRANT PURSUANT TO THE ACT OF JULY 5, 2004 (P.L. 572, NO. 71) KNOWN AS THE PENNSYLVANIA RACE HORSE DEVELOPMENT AND GAMING ACT, 4 PA. C.S. §§ 1101 ET SEQ. MORE PARTICULARLY, I EXPRESSLY ACCEPT, AGREE AND STIPULATE THAT I WILL ABIDE BY THE FOLLOWING CONDITIONS:

1. TO AT ALL TIMES COMPLY WITH ALL PROVISIONS OF THE PENNSYLVANIA RACE HORSE DEVELOPMENT AND GAMING ACT (“ACT”) AND ANY RULES, REGULATIONS, TECHNICAL STANDARDS OR ORDERS IN EFFECT AS OF THE APPROVAL OF MY APPLICATION OR LATER AMENDED OR PROMULGATED BY THE BOARD.
2. TO AT ALL TIMES ACKNOWLEDGE THAT ANY LICENSE, PERMIT, CERTIFICATION OR REGISTRATION ISSUANCE, RENEWAL OR OTHER APPROVAL ISSUED BY THE BOARD IS A REVOCABLE PRIVILEGE. NO PERSON HOLDING A LICENSE, PERMIT, CERTIFICATION OR REGISTRATION, RENEWAL OR OTHER APPROVAL IS DEEMED TO HAVE ANY PROPERTY RIGHTS RELATED TO THE LICENSE, PERMIT, CERTIFICATION OR REGISTRATION.
3. TO AT ALL TIMES ACKNOWLEDGE AND AGREE THAT ANY PERMIT OR REGISTRATION ISSUED TO ME BY THE BOARD IS A NON-TRANSFERABLE PRIVILEGE TO ENGAGE IN ACTIVITIES REGULATED BY THE BOARD.
4. TO AT ALL TIMES ACKNOWLEDGE THAT ISSUANCE OF A PERMIT OR REGISTRATION TO ME RESTRICTS MY ABILITY TO PLACE WAGERS AT LICENSED FACILITIES IN PENNSYLVANIA. IT IS MY DUTY TO BE FULLY

INFORMED OF THESE RESTRICTIONS. INFORMATION REGARDING WAGERING RESTRICTIONS CAN BE FOUND ON THE BOARD'S WEBSITE OR THROUGH MY EMPLOYER.

5. TO AT ALL TIMES ACKNOWLEDGE AND AGREE THAT ANY REVOCATION OF A PERMIT OR REGISTRATION ISSUED TO ME BY THE BOARD PROHIBITS ME FROM REAPPLYING FOR A LICENSE, PERMIT OR REGISTRATION FOR A PERIOD OF FIVE (5) YEARS UNLESS OTHERWISE PERMITTED BY THE BOARD.
6. TO AT ALL TIMES ACKNOWLEDGE AND AGREE THAT ANY CREDENTIAL ISSUED TO ME IN CONNECTION WITH MY PERMIT OR REGISTRATION IS PROPERTY OF THE BOARD AND MUST BE SURRENDERED UPON REQUEST.
7. TO PROMPTLY REIMBURSE THE BOARD FOR ALL COSTS ASSOCIATED WITH ANY BACKGROUND OR OTHER INVESTIGATION CONDUCTED IN CONNECTION WITH MY APPLICATION, AND TO PROMPTLY PAY ANY OTHER FINE, FEE, SANCTION OR ASSESSMENT IMPOSED BY THE BOARD OR THE DEPARTMENT OF REVENUE. (NOTE: COSTS ASSOCIATED WITH THE BACKGROUND OR OTHER INVESTIGATION CONDUCTED IN CONNECTION WITH YOUR APPLICATION, INCLUDING THE APPLICATION FEE, MAY HAVE BEEN PAID BY YOUR EMPLOYER. ASK YOUR EMPLOYER ABOUT ANY COSTS THAT MAY BE YOUR RESPONSIBILITY.)
8. TO ENSURE AT ALL TIMES THAT INFORMATION PROVIDED TO THE BOARD BY ME IN MY APPLICATION AND SUPPLEMENTAL INFORMATION IS TRUE AND CORRECT, AND TO IMMEDIATELY NOTIFY THE BOARD UPON KNOWING OR SUSPECTING THAT ANY FALSE OR MISLEADING INFORMATION MAY HAVE BEEN PROVIDED TO THE BOARD, OR THAT REQUIRED OR RELEVANT INFORMATION WAS OMITTED.
9. TO NOTIFY THE BOARD WITHIN THIRTY (30) DAYS UPON MY CHARGING, INDICTMENT OR CONVICTION FOR ANY FELONY OR GAMBLING OFFENSE
10. TO IMMEDIATELY NOTIFY THE BOARD UPON LEARNING OF ANY INQUIRY OR INVESTIGATION BY ANY REGULATORY AGENCY OR SELF-REGULATORY ORGANIZATION OR OF ANY ACTION FILED BY ANY GOVERNMENTAL AUTHORITY AGAINST ME.
11. TO ENSURE THAT AT ALL TIMES, I MEET AND MAINTAIN THE SUITABILITY REQUIREMENTS OF THE ACT, INCLUDING BUT NOT LIMITED TO THOSE RELATING TO GOOD CHARACTER, HONESTY AND INTEGRITY.
12. IN ADDITION TO ANY NOTIFICATION AND ACTION REQUIRED BY CONDITION 8, TO ENSURE THAT I COMPLY WITH ALL OF THE FOLLOWING:
 - a. PROVIDE ANY REQUESTED ASSISTANCE OR INFORMATION REQUIRED BY THE BOARD, THE PENNSYLVANIA DEPARTMENT OF REVENUE, OR THE PENNSYLVANIA STATE POLICE AND COOPERATE IN ANY INQUIRY, INVESTIGATION OR HEARING.
 - b. INFORM THE BOARD OF ANY ACTIONS WHICH I KNOW OR SUSPECT CONSTITUTE A VIOLATION OF THE ACT OR ANY RULES, REGULATIONS, TECHNICAL STANDARDS OR ORDERS IN EFFECT AS OF THIS DATE OR LATER AMENDED OR PROMULGATED BY THE BOARD.
 - c. INFORM THE BOARD WITHIN THIRTY (30) DAYS OF MY ARREST FOR ANY VIOLATIONS OR OFFENSES ENUMERATED UNDER 18 PA. C.S. (RELATING TO CRIMES AND OFFENSES) OR ANY SIMILAR OFFENSE UNDER THE LAWS OF ANOTHER JURISDICTION.
 - d. INFORM THE BOARD OF ANY MATERIAL CHANGES IN THE INFORMATION, MATERIALS AND DOCUMENTS SUBMITTED IN MY PERMIT OR REGISTRATION APPLICATION AS WELL AS CHANGES IN CIRCUMSTANCES THAT MAY RENDER ME INELIGIBLE, UNQUALIFIED OR UNSUITABLE TO HOLD A PERMIT OR REGISTRATION UNDER THE BOARD'S STANDARDS.
13. TO BE RESPONSIBLE FOR AND TO PROTECT, INDEMNIFY AND HOLD HARMLESS THE BOARD, THE PENNSYLVANIA DEPARTMENT OF REVENUE, THE PENNSYLVANIA STATE POLICE, THE COMMONWEALTH OF PENNSYLVANIA AND ITS INSTRUMENTALITIES, AND THEIR AGENTS, EMPLOYEES AND REPRESENTATIVES, FROM AND AGAINST ANY AND ALL CLAIMS OR PAYMENTS FOR PERSONAL INJURY, PROPERTY DAMAGE OR OTHER LOSS OF ANY KIND BY ANY AND ALL PARTIES AND CLAIMANTS, ARISING OUT OF, OR IN CONNECTION WITH ANY NEGLIGENCE, ERROR OR OMISSION BY THE BOARD, THE PENNSYLVANIA DEPARTMENT OF REVENUE, THE PENNSYLVANIA STATE POLICE, THE COMMONWEALTH OF PENNSYLVANIA AND ITS INSTRUMENTALITIES, OR THEIR AGENTS, EMPLOYEES AND REPRESENTATIVES, ATTENDANT TO ANY OR ALL OF THE FOLLOWING:

- a. ANY INVESTIGATION, CONSIDERATION, OR ACTION TAKEN IN CONNECTION WITH MY APPLICATION;
- b. THE SUSPENSION, REVOCATION OR CONDITIONING OF THE PERMIT OR REGISTRATION ISSUED TO ME, INCLUDING ANY ENFORCEMENT ACTION TAKEN WITH RESPECT TO ANY SUCH PERMIT OR REGISTRATION;
- c. ANY ACTION TAKEN WHICH MAY OR DOES RESULT IN THE SUSPENSION OF MY EMPLOYMENT OR THE ISSUANCE OF AN EMERGENCY ORDER; AND,
- d. ANY DISCLOSURE OR PUBLICATION IN ANY MANNER, OTHER THAN WILLFULLY UNLAWFUL DISCLOSURE OR PUBLICATION, OF MATERIAL OR INFORMATION ACQUIRED DURING ANY PAST, PRESENT OR FUTURE INVESTIGATION OF ME.

14. TO AT ALL TIMES COMPLY WITH THIS STATEMENT OF CONDITIONS AND SUCH OTHER GENERAL OR SPECIFIC CONDITIONS AS MAY BE LATER REQUIRED BY THE BOARD AND DULY REQUESTED.

I HEREBY CERTIFY AND AFFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE FOREGOING STATEMENT OF CONDITIONS AND THAT MY SIGNATURE BELOW IS AN ACKNOWLEDGEMENT OF SAME AND EVIDENCES MY INTENT TO BE LEGALLY BOUND TO ABIDE BY THE CONDITIONS CONTAINED THEREIN.

SWORN TO AND SUBSCRIBED BEFORE ME THIS

BY:

_____ DAY OF _____, 20____.

SIGNATURE AND TITLE DATE

SIGNATURE OF NOTARY PUBLIC

PRINTED NAME OF SIGNATORY

PRINTED NAME OF NOTARY PUBLIC

DATE COMMISSION EXPIRES

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 DOR AND DLI TO PROVIDE TAX INFORMATION TO THE BOARD AND ITS AUTHORIZED INVESTIGATORY AGENTS. IN ADDITION, YOUR SIGNATURE AUTHORIZES DOR, DLI AND THE BOARD TO PROVIDE YOUR TAX INFORMATION TO THE ENTITY FOR WHICH YOU ARE A GAMING EMPLOYEE APPLICANT OR PERMITTEE.

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

*DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER IS MANDATORY IN ORDER FOR THE PGCB TO COMPLY WITH THE FEDERAL SOCIAL SECURITY ACT PERTAINING TO CHILD SUPPORT ENFORCEMENT, AS IMPLEMENTED IN THE COMMONWEALTH OF PENNSYLVANIA AT 23 PA. C.S. § 4304.1(A). THE SOCIAL SECURITY NUMBER WILL ALSO BE USED TO CONFIRM THE IDENTIFICATION OF THE APPLICANT OR LICENSEE AND WILL NOT BE USED AS A PERSONAL IDENTIFICATION NUMBER BY THE PGCB.

AFFIDAVIT AND WAIVER OF LIABILITY

STATE OF _____:

SS:

COUNTY OF _____:

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

THE APPLICANT AGREES TO THE TERMS OF REGISTRATION AND PERMITTING IN THE PENNSYLVANIA RACE HORSE DEVELOPMENT AND GAMING ACT ("ACT") AND THE PENNSYLVANIA GAMING CONTROL BOARD ("BOARD") REGULATIONS AND AGREES, IF REGISTERED OR PERMITTED, TO ABIDE BY THE SAME.

APPLICANT SHALL HAVE THE DUTY TO:

1. PROVIDE ANY ASSISTANCE OR INFORMATION REQUIRED BY THE BOARD OR THE PSP AND TO COOPERATE IN ANY INQUIRY, INVESTIGATION OR HEARING;
2. CONSENT TO INSPECTIONS, SEARCHES AND SEIZURES;
3. INFORM THE BOARD OF ANY ACTIONS WHICH APPLICANT BELIEVES WOULD CONSTITUTE A VIOLATION OF THE ACT OR REGULATIONS; 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).

IN ADDITION, TO FURTHER EFFECTUATE THE PURPOSES OF THE ACT AND BOARD REGULATIONS, APPLICANT ACKNOWLEDGES THE BUREAU OF INVESTIGATIONS AND ENFORCEMENT ("BIE") AND THE PENNSYLVANIA STATE POLICE ("PSP") MAY OBTAIN ADMINISTRATIVE WARRANTS FOR THE INSPECTION AND SEIZURE OF PROPERTY POSSESSED, CONTROLLED, BAILED OR OTHERWISE HELD BY AN APPLICANT, REGISTRANT OR PERMITTEE.

THE APPLICANT HEREBY EXPRESSLY WAIVES, RELEASES, AND FOREVER DISCHARGES THE BOARD, THE PENNSYLVANIA DEPARTMENT OF REVENUE, PSP, THE COMMONWEALTH OF PENNSYLVANIA AND ITS INSTRUMENTALITIES, AND THEIR AGENTS, EMPLOYEES AND REPRESENTATIVES 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 BOARD AND THEIR AGENTS, AS A RESULT OF MY APPLYING FOR A REGISTRATION OR PERMIT IN THE COMMONWEALTH OF PENNSYLVANIA.

FURTHERMORE, THE APPLICANT WAIVES LIABILITY AS TO THE COMMONWEALTH OF PENNSYLVANIA AND ITS INSTRUMENTALITIES AND AGENTS, FOR ANY DAMAGES RESULTING TO THE APPLICANT FROM ANY DISCLOSURE OR PUBLICATION, IN ANY MANNER, OTHER THAN A WILLFULLY UNLAWFUL DISCLOSURE OR PUBLICATION, OF ANY MATERIAL OR INFORMATION ACQUIRED DURING THE REGISTRATION OR PERMITTING PROCESS OR DURING ANY INQUIRIES, INVESTIGATIONS OR HEARINGS RELATED THERETO.

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

SUBSCRIBED AND SWORN TO ME THIS ____ DAY OF _____ OF 20____.

NAME OF APPLICANT

SIGNATURE OF APPLICANT

NOTARY PUBLIC

INDIVIDUAL PREPARING THIS FORM IF DIFFERENT FROM APPLICANT

MY COMMISSION EXPIRES ON ____/____/20____

NAME, TITLE AND SIGNATURE

**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 THIRTY-SIX (36) 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 PERMITTEE, 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____

Short Form Request for Individual Tax Return Transcript

Department of the Treasury
Internal Revenue Service

▶ **Request may not be processed if the form is incomplete or illegible.**

Tip. Use Form 4506T-EZ to order a 1040 series tax return transcript free of charge, or you can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Order a Transcript" or call 1-800-908-9946.

<p>1a Name shown on tax return. If a joint return, enter the name shown first.</p>	<p>1b First social security number or individual taxpayer identification number on tax return</p>		
<p>2a If a joint return, enter spouse's name shown on tax return.</p>	<p>2b Second social security number or individual taxpayer identification number if joint tax return</p>		
<p>3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)</p>			
<p>4 Previous address shown on the last return filed if different from line 3 (see instructions)</p>			
<p>5 If the transcript is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;"> <p>Third party name</p> <p><u>Pennsylvania Gaming Control Board</u></p> <p>Address (including apt., room, or suite no.), city, state, and ZIP code</p> <p><u>303 Walnut Street - 5th Floor - Verizon Tower - Harrisburg, PA 17101</u></p> </td> <td style="width: 40%; border: none;"> <p>Telephone number</p> <p><u>717-346-8300</u></p> </td> </tr> </table>		<p>Third party name</p> <p><u>Pennsylvania Gaming Control Board</u></p> <p>Address (including apt., room, or suite no.), city, state, and ZIP code</p> <p><u>303 Walnut Street - 5th Floor - Verizon Tower - Harrisburg, PA 17101</u></p>	<p>Telephone number</p> <p><u>717-346-8300</u></p>
<p>Third party name</p> <p><u>Pennsylvania Gaming Control Board</u></p> <p>Address (including apt., room, or suite no.), city, state, and ZIP code</p> <p><u>303 Walnut Street - 5th Floor - Verizon Tower - Harrisburg, PA 17101</u></p>	<p>Telephone number</p> <p><u>717-346-8300</u></p>		

Caution. If the tax transcript is being mailed to a third party, ensure that you have filled in line 6 before signing. Sign and date the form once you have filled in this line. Completing this step helps to protect your privacy. Once the IRS discloses your IRS transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

6 **Year(s) requested.** Enter the year(s) of the return transcript you are requesting (for example, "2008"). Most requests will be processed within 10 business days.

2012

Check this box if you have notified the IRS or the IRS has notified you that one of the years for which you are requesting a transcript involved **identity theft** on your federal tax return.

Note. If the IRS is unable to locate a return that matches the taxpayer identity information provided above, or if IRS records indicate that the return has not been filed, the IRS may notify you or the third party that it was unable to locate a return, or that a return was not filed, whichever is applicable.

Caution. Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am the taxpayer whose name is shown on either line 1a or 2a. If the request applies to a joint return, **either** husband or wife must sign. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

Sign Here	<table style="width: 100%; border: none;"> <tr> <td style="width: 80%; border: none;">Signature (see instructions)</td> <td style="width: 20%; border: none;">Date</td> </tr> </table>	Signature (see instructions)	Date	<p>Phone number of taxpayer on line 1a or 2a</p>
Signature (see instructions)	Date			
	<table style="width: 100%; border: none;"> <tr> <td style="width: 80%; border: none;">Spouse's signature</td> <td style="width: 20%; border: none;">Date</td> </tr> </table>	Spouse's signature	Date	
Spouse's signature	Date			