

INTERACTIVE/ SPORTS WAGERING

GAMING SERVICE PROVIDER NOTIFICATION

Instructions

This form must be completed for an Interactive/Sports Wagering Gaming Service Provider that is needed to conduct business in Pennsylvania and is not otherwise required to file as a Registered or Certified Gaming Service Provider under the Board's regulations.

1. Name of Gaming Service Provider & DBA (if applicable):

2. Gaming Service Provider's telephone number:

3. Name of Interactive/Sports Wagering Certificate Holder and/or Licensee(s) the enterprise will be conducting business with:

4. Address of Gaming Service Provider:

Street:

City:

County:

State:

Zip:

5. Type of business to be conducted with an Interactive/Sports Wagering Certificate Holder and/or Licensee:

6. Will the Gaming Service Provider's product be integrated into the Interactive/Sports Wagering gaming platform?

☒ Yes ☐ No

If yes, Explain:

7. Gaming Service Provider Federal Employer Identification Number:

8. Date of agreement with operator:

9. Please provide the information requested below for each:

- Those persons in the enterprise who entered into an agreement with the Interactive/Sports Wagering Certificate Holder and/or Licensee(s) and those who will deal directly with the Interactive/Sports Wagering Certificate Holder and/or licensee or applicant and their immediate supervisors. In addition, list an operations and finance contact person for the enterprise.

First Name	Last Name	Date of Birth	Address	Title\Position

First Name	Last Name	Date of Birth	Address	Title\Position

10. Contact information for Gaming Service Provider:
Name _____ Position/Title _____
Telephone No. _____ Email address _____

11. ☐ I affirm that to the best of my knowledge the above named Gaming Service Provider does not appear on the Board's prohibited or denied list or similar list in any other jurisdiction.

12. Has the above named Gaming Service Provider ever had a license or other authorization to conduct business denied, suspended or revoked? ☐ Yes ☒ No
If yes, Explain:

I certify that the information contained in this notification is true and correct, and that there are no misrepresentations, falsifications or omissions. I am aware that any false or misleading statements or omitted information will be cause for rejection of this notification and may be subject to criminal penalties under 18 Pa.C.S.A. Sections 4902, 4903, and 4904.

The licensee or applicant completing this form agrees that it has an affirmative duty to avoid agreements or relationships with Gaming Service Providers whose background or association threatens the integrity of gaming in Pennsylvania or who discredits or tends to discredit the Pennsylvania gaming industry and affirms that it has performed the appropriate due diligence on the above-named Gaming Service Provider.

Name and Title

Date

Name of Interactive/Sports Wagering Certificate Holder and/or Licensee