

**PIT RIVER GAMING COMMISSION**  
**APPLICATION FOR GAMING LICENSE**  
**(CLASS A LICENSE)**  
**TRIBAL GAMING EMPLOYEE**

*Please type or print in dark ink.*

- Indicate N/A if a section is not applicable.
- Additional documentation and explanation sheets should be attached as necessary to clarify any answer.
- You must complete, sign, and initial where indicated at the bottom of each page.
- Failure to complete all information and requirements will cause delays and/or denial of your application.

***Personal Information:***

1. Employment position for which this license is sought: \_\_\_\_\_

2. Full Name: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

Other Names Used: \_\_\_\_\_  
(Including maiden name, previous married names, alias names)

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_  
(CITY) (COUNTY) (STATE) (COUNTRY)

3. Home Address: \_\_\_\_\_  
(STREET / APARTMENT NUMBER)

\_\_\_\_\_  
(CITY) (STATE) (ZIP) (COUNTY)

4. Mailing Address: \_\_\_\_\_  
(STREET / APARTEMENT NUMBER / P.O. BOX)

\_\_\_\_\_

5. Telephone Number: Work (\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_

Hours You May be Contacted: Work \_\_\_\_\_ Home \_\_\_\_\_

6. Name of Present Employer: \_\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
(STREET / BOX / SUITE NUMBER)

\_\_\_\_\_  
(CITY) (STATE) (ZIP) (COUNTY)

7. Current Driver's License Number: \_\_\_\_\_ State Where Issued: \_\_\_\_\_

Date of Issuance: \_\_\_\_\_ Name as Shown on License: \_\_\_\_\_

8. Have you been issued a driver's license since the age of 18 other than the license identified in Question 7 above?

YES  NO If YES, identify each driver's license issued to you since the age of 18, including:

State where issued: \_\_\_\_\_ Name as shown on license: \_\_\_\_\_

Date of issuance: \_\_\_\_\_ Driver's license number: \_\_\_\_\_

9. Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Male  Female

10. Are you enrolled member of any Indian tribe?  YES  NO

If YES: Identify which tribe: \_\_\_\_\_ Does your tribe have a tribal court system? \_\_\_\_\_

11. Are you a United State Citizen?  YES  NO If NO, what county? \_\_\_\_\_

If an alien, your registration number: \_\_\_\_\_ Port of entry: \_\_\_\_\_

Date of entry: \_\_\_\_\_ If naturalized: Your certificate number: \_\_\_\_\_

Date: \_\_\_\_\_ Place: \_\_\_\_\_

(SUBMIT COPY OF NATURALIZATION DOCUMENT FOR VERIFICATION)

12. List all languages (indicate whether spoken, written or both): \_\_\_\_\_

13. MARITAL INFORMATION

Marital Status:  Single  Married  Separated  Divorced  Widowed

If applicable, complete the information requested below:

a. Married: \_\_\_\_\_  
DATE (CITY) (STATE) (COUNTY)

Spouse's Full Names (Maiden): \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

Spouse's Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Spouse's Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

Telephone: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
(WORK) (HOME)

Spouse's Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

b. Complete the following for any previous marriage(s):

1) Name of Spouse (previous marriage): \_\_\_\_\_

Current Address: \_\_\_\_\_ ( )  
(STREET) (CITY) (STATE) (ZIP) (PHONE)

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

List county, state, case number and date of any order or decree dissolving this marriage: \_\_\_\_\_

\_\_\_\_\_

2) Name of Spouse (previous marriage): \_\_\_\_\_

Current Address: \_\_\_\_\_ ( )  
(STREET) (CITY) (STATE) (ZIP) (PHONE)

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

List county, state, case number and date of any order or decree dissolving this marriage: \_\_\_\_\_

\_\_\_\_\_

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

14. FAMILY INFORMATION

a. Children and Departments: List all children (including step-children and adopted children) and give the following information:

Full Name	Date of Birth	Place of Birth	Residence Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

b. Parents (yours): List names, residence addresses, dates of birth, and most recent occupation of parents, parents-in-law and legal guardian(s), (if applicable). If retired or deceased, list last address and occupation.

Name	Address	Date of Birth	Occupation
Father:	_____	_____	_____
Mother:	_____	_____	_____
Mother's maiden name:	_____		

15. MILITARY INFORMATION

Have you ever served with any branch of the armed forces?     YES     NO

Branch: \_\_\_\_\_ Dates and type of service (active / reserve / national guard):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date of separation: \_\_\_\_\_ Type of discharge: \_\_\_\_\_

Rank at separation: \_\_\_\_\_ Serial number: \_\_\_\_\_

While in the military service, were you ever charged with an offense which resulted in any disciplinary action, or special or general court martial?     YES     NO

If YES, furnish details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

16. RESIDENCE INFORMATION

List below each place of residence (most recent first) for the last **TEN** (10) years, or from the age **EIGHTEEN** (18) to the present, **WHICHEVER IS LONGER.**

Dates:			
From – To	Street Address	City / County	State / Country
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

17. BUSINESS AND EMPLOYMENT INFORMATION

List below business and employment, including self-employment (most recent first) for the last **10** years:

a. Dates: From – To \_\_\_\_\_ Employed by: \_\_\_\_\_ Telephone: \_\_\_\_\_

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Full-Time       Part-Time       Volunteer       Self-employment

Address: (street, city, zip, state & county) \_\_\_\_\_

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Your Title: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

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Reason for leaving: \_\_\_\_\_

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b. Dates: From – To \_\_\_\_\_ Employed by: \_\_\_\_\_ Telephone: \_\_\_\_\_

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Full-Time       Part-Time       Volunteer       Self-employment

Address: (street, city, zip, state & county) \_\_\_\_\_

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Your Title: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

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Reason for leaving: \_\_\_\_\_

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c. Dates: From – To \_\_\_\_\_ Employed by: \_\_\_\_\_ Telephone: \_\_\_\_\_

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Full-Time       Part-Time       Volunteer       Self-employment

Address: (street, city, zip, state & county) \_\_\_\_\_

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Your Title: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

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Reason for leaving: \_\_\_\_\_

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d. Dates: From – To \_\_\_\_\_ Employed by: \_\_\_\_\_ Telephone: \_\_\_\_\_

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Full-Time       Part-Time       Volunteer       Self-employment

Address: (street, city, zip, state & county) \_\_\_\_\_

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Your Title: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

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Reason for leaving: \_\_\_\_\_

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e. Dates: From – To \_\_\_\_\_ Employed by: \_\_\_\_\_ Telephone: \_\_\_\_\_

Full-Time       Part-Time       Volunteer       Self-employment

Address: (street, city, zip, state & county) \_\_\_\_\_

Your Title: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

f. Dates: From – To \_\_\_\_\_ Employed by: \_\_\_\_\_ Telephone: \_\_\_\_\_

Full-Time       Part-Time       Volunteer       Self-employment

Address: (street, city, zip, state & county) \_\_\_\_\_

Your Title: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Provide below a detailed explanation for any gaps in your employment history:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

18. EDUCATION INFORMATION

List below your formal education, and include any schools and training programs attended in the past ten (10) years:

High School	Address / City / State	Date of Graduation or Leaving
_____	_____	_____
_____	_____	_____

College, University, Training Program Attended	Address / City / State	Date of Graduation or Leaving and Degree Obtained
_____	_____	_____
_____	_____	_____

19. PERSONAL REFERENCES

List a total of **five (5)** personal references who have known you for **five (5)** years or more. Do **NOT** include relatives, present employer or employees. **You must include the name of one reference you were acquainted with during each period of residence listed in Question 16 above.**

a. Name: \_\_\_\_\_

Where Employed: \_\_\_\_\_ Known Since: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Telephone: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
WORK RESIDENCE

b. Name: \_\_\_\_\_

Where Employed: \_\_\_\_\_ Known Since: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Telephone: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
WORK RESIDENCE

c. Name: \_\_\_\_\_

Where Employed: \_\_\_\_\_ Known Since: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Telephone: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
WORK RESIDENCE

d. Name: \_\_\_\_\_

Where Employed: \_\_\_\_\_ Known Since: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Telephone: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
WORK RESIDENCE

e. Name: \_\_\_\_\_

Where Employed: \_\_\_\_\_ Known Since: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Telephone: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
WORK RESIDENCE

20. Have you ever applied to any licensing or regulatory agency for a license, permit or certification related to gambling activities, whether or not such license, permit or certificate was granted? (include any applications denied, withdrawn and / or pending)

YES     NO    If YES, complete the following for each license, permit or certificate:

a. City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Date: From \_\_\_\_\_ to \_\_\_\_\_ Type: \_\_\_\_\_

Action Taken: \_\_\_\_\_ Issuing Agency: \_\_\_\_\_

b. City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Date: From \_\_\_\_\_ to \_\_\_\_\_ Type: \_\_\_\_\_

Action Taken: \_\_\_\_\_ Issuing Agency: \_\_\_\_\_

c. City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Date: From \_\_\_\_\_ to \_\_\_\_\_ Type: \_\_\_\_\_

Action Taken: \_\_\_\_\_ Issuing Agency: \_\_\_\_\_

21. Have you ever applied for an occupational or professional license or permit with a licensing or regulatory agency (federal, tribal, state, local, foreign) including, but not limited to, the following: (include those applied for even if not granted)

Liquor  
Lawyer  
Jockey

Real Estate Broker / Salesperson  
Doctor  
Securities Dealer

Accountant  
Boxing  
Trainer or Manager  
Other

YES     NO    If YES, complete the following for each:

Date applied for: \_\_\_\_\_ Disposition of application: \_\_\_\_\_

Name and address of licensing / permitting agency: \_\_\_\_\_

Nature of any disciplinary actions taken against you: \_\_\_\_\_

Years license or permit held: \_\_\_\_\_

22. Have you ever been a participant in a group or an establishment which has been either issued or denied a license related to gambling activities?  YES     NO    If YES, complete the following:

Type of license: \_\_\_\_\_ Name of establishment: \_\_\_\_\_

Location and period held: \_\_\_\_\_

If revoked, suspended or denied, explain circumstances: \_\_\_\_\_



23. Do you now have or have you ever had a financial interest or other business relationship with the gaming industry or in a gambling entity or organization, or an ownership or management interest in such business?

[ ] YES [ ] NO

If YES, provide the names, addresses and telephone numbers of the businesses in which you have or had such interest; dates of involvement; nature of the business or organization; and your interest in it.

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24. Do you live in California? [ ] YES [ ] NO

If YES, how long have you lived in California? \_\_\_\_\_

25. if you have any agreements(s) between you or your business and any distributor, manufacturer or supplier of equipment, or any other agreement relating to gaming activities or gaming equipment, please provide details and copies of any agreements.

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26. Do you have **any** relatives associated with or employed in the gambling or liquor industry?

[ ] YES [ ] NO

a. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Type of business: \_\_\_\_\_

Name and location of business: \_\_\_\_\_

b. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Type of business: \_\_\_\_\_

Name and location of business: \_\_\_\_\_

27. Do you have, or have you ever had, any business relationship(s) or agreements(s) with Indian tribes or an ownership or management interest (including gaming) in such business?

YES       NO      If YES, complete below. If more space is needed, attach additional sheets.

a. Name of Tribe: \_\_\_\_\_ State: \_\_\_\_\_

Dates: From \_\_\_\_\_ to \_\_\_\_\_

Describe the relationship: \_\_\_\_\_

Nature of work performed: \_\_\_\_\_

b. Name of Tribe: \_\_\_\_\_ State: \_\_\_\_\_

Dates: From \_\_\_\_\_ to \_\_\_\_\_

Describe the relationship: \_\_\_\_\_

Nature of work performed: \_\_\_\_\_

28. Date of last Federal Income Tax Return filed: \_\_\_\_\_ For year: \_\_\_\_\_

Date of last State Income Tax Return filed: \_\_\_\_\_ For year: \_\_\_\_\_

**PLEASE ATTACH COPIES OF YOUR FEDERAL AND STATE INCOME TAX RETURNS FOR THE PAST THREE (3) YEARS.**

29. Do you own or control any assets or liabilities located outside the United States?  YES       NO

If YES, provide details: \_\_\_\_\_

\_\_\_\_\_

30. Do you control, manage or hold in trust any assets or liabilities for another person or entity?  YES       NO

If YES, provide details: \_\_\_\_\_

\_\_\_\_\_

31. a. Have you ever been **charged** with any felony? [ ] YES [ ] NO

b. Have you ever been **charged** with any gaming offense? [ ] YES [ ] NO

If YES, complete the following for each:

Name and Address of Court	Charge	Dates	Disposition
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32. For each misdemeanor conviction or ongoing misdemeanor prosecution (excluding minor traffic violation) within **ten** 10 years of the date of this application, provide below the name and address of the court involved, misdemeanor / charge, dates of the prosecution and disposition.

Name and Address of Court	Charge	Dates	Disposition
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33. For each criminal charge (excluding minor traffic charges), whether or not there is a conviction, if such criminal charge was within the past **ten** (10) years and is not listed in Questions 31a., 31b., or 32 above. List the criminal charge, name and address of the court involved, and the dates of the charge and disposition.

Name and Address of Court	Charge	Dates	Disposition
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**FINANCIAL STATEMENT**

34. CURRENT ASSETS AND LIABILITIES (PROVIDE COMPLETE FINANCIAL STATEMENT INFORMATION AS OF DATE OF SUBMISSION) – DESCRIBE FULLY. IF MORE SPACE IS REQUIRED, ATTACH ADDITIONAL SHEETS.

A. ASSETS (Cost or market value, whichever is less)

B. LIABILITIES (Over \$500.00)

LIST BANK NAME, BRANCH ACCOUNT TYPE & ACCOUNT NUMBERS	BALANCE	NOTES PAYABLE	BALANCE
Checking:		Notes Payable to Relatives & Friends:	
		Notes Payable to Others:	
		Income Tax Payable:	
Savings:		Accounts & Bills Payable:	
		Chattel Mortgages:	
		Credit Cards Payable:	
Money Market Accounts:		Other:	
Stock Investment Accounts:		TOTAL CURRENT LIABILITIES:	
		Mortgages & Liens on Real Estate:	
		Court Ordered Payments (specify):	
Cash on Hand:			
Stocks & Bonds:		TOTAL LIABILITIES:	
Notes Receivable:			
Accounts Receivable:			
Real Estate Owned:			
Mortgages & Contracts Owned:			
Automobile (Year & Make):			
Automobile (Year & Make):			
Personal Property:			
TOTAL ASSETS:		TOTAL LIABILITIES:	

C. INCOME (Monthly)

(SOURCE)	\$AMOUNT	\$AMOUNT
Salary:		As Guarantor, Endorser and Co-signer:
Salary:		On Discounted Paper, Leases and Contracts:
Bonus & Commissions:		On Surety Bonds:
Dividends:		Lawsuits or Other Liabilities (specify):
Real Estate Income:		
Other Income:		

TOTAL MONTHLY INCOME:

\_\_\_\_\_

D. CONTINGENT LIABILITIES

E. PERSONAL INFORMATION

Other Business Interests:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

F. GENERAL INFORMATION

Please use additional page(s) to fully explain "YES" answers to any questions below:

Do you have any pledged or mortgaged other than as shown?  
 [ ] YES [ ] NO

Have you ever filed for bankruptcy? [ ] YES [ ] NO  
 If "YES", give name, where, what and when.  
 Attach copies of documents and court papers.

Have you ever been associated as an officer, director, stockholder, Partner, or sole proprietor with any business entity that has filed for Protection under the Federal Bankruptcy Laws? [ ] YES [ ] NO  
 If "YES", give name, where, what and when.  
 Attach copies of documents and court papers.

G. LIFE INSURANCE POLICIES

NAME OF COMPANY	NAME OF BENEFICIARY	FACE AMOUNT OF POLICY VALUE	CASH SURRENDER	LOANS AGAINST POLICY
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PRIVACY ACT NOTICE:

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 25 U.S.C. 2701 et seq. The purpose of the requested information is to determine the eligibility of individuals to be employed in a gaming operation. The information will be used by National Indian Gaming Commission members and staff who have need for the information in the performance of their official duties. The information may be disclosed to appropriate federal, tribal, state, local or foreign law enforcement and regulatory agencies when relevant to civil, criminal or regulatory investigations or prosecutions, or when pursuant to a requirement by the Tribe or the Nation Indian Gaming Commission in connection with the hiring or firing of an employee, the issuance or revocation of a gaming license, or investigations of activities while associated with a Tribe or a gaming operation. Failure to consent to the disclosures indicated in this notice will result in the Tribe's being unable to hire you in a primary management official or key employee position, or other positions as determined by the Tribe.

The disclosure of your Social Security Number (SSN) is voluntary. However, failure to supply a SSN may result in errors in processing your application.

NOTICE REGARDING FALSE STATEMENTS:

In signing this application, I understand that: A false statement on any part of the application may be grounds for not hiring me, or for firing me after I began work. Also I understand that I may be punished by fine or imprisonment. (U.S. Code, title 18, Section 1001)



*CERTIFICATION AND DECLARATION OF APPLICANT*

I, \_\_\_\_\_, the applicant, declare under penalty of perjury under the laws of the State of California that the statements made and information provided on this application are true and correct and contain a full and true account of the information requested to the best of my knowledge and belief, that statements provided by me to the Gaming Commission, the Tribe or its agents in and during the course of the background investigations of me conducted pursuant to the IGRA, the Ordinance and other applicable laws and regulations, are true and correct and contain a full and true account of the information requested to the best of my knowledge and belief. I am aware that the purpose of this investigation is to determine my suitability for employment in or association with gaming activities and consent to the release of all information necessary. I have read and understand the Privacy Act Notice and the Notice Regarding False Statements above and consent to the requirements of these notices and disclosure of any background information. This statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for the refusal to issue a gaming license by the Gaming Commission, and that later discovery of a material omission or material misrepresentation made in the above statements may be grounds for the revocation of any gaming license granted.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ in Burney, California.

APPLICANT'S SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

WITNESSED before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(Signed) \_\_\_\_\_

(Print Name) \_\_\_\_\_

# PIT RIVER GAMING COMMISSION

## RELEASE OF ALL CLAIMS (INDIVIDUAL)

I, \_\_\_\_\_, the undersigned (“Applicant”) am filing with the Pit River Gaming Commission my application for a gaming license. In consideration for processing my application, which I understand cannot be processed and no license issued unless there is an investigation of my background, and my request that such an investigation be undertaken, which I hereby acknowledge is for my benefit, I hereby, for myself and my heirs, successors, spouse, siblings, children, parents and assigns, release, remise and forever discharge the Pit River Tribe and its officers, agents, employees, representatives and members and the Pit River Gaming Commission and its officers, agents, employees and representatives from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known or unknown, in law or equity, which I now have, may have, or may claim to have against any or all of said entities or individuals arising out of or by reason of the processing investigation of or other action relating to my gaming application, including but not limited to the release of information obtained during or in the course of such investigation, to anyone for any purpose.

I, the Applicant, have read this release and understand all of its terms. I execute it voluntarily and with full knowledge of its significance.

In witness whereof, I have executed this release at **PIT RIVE CASINO**, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

APPLICANT’S SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

WITNESSED before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(Signed) \_\_\_\_\_

(Print Name) \_\_\_\_\_

# PIT RIVER GAMING COMMISSION

## RELEASE OF INFORMATION AUTHORIZATION

I, \_\_\_\_\_, authorize any investigator, special agent, or other representative of the United States Department of the Interior, the Federal Bureau of Investigation, or any tribal, state or local law enforcement or investigatory agencies, in order to determine my suitability for involvement in Indian gaming, to obtain any information requested related to my activities including: employment, schools, criminal justice agencies, financial or lending institutions, residential management agents, businesses, regulatory agencies, property interests (real or personal), medical institutions, hospitals and health care professionals, and other sources. This information includes, but is not limited to, my academic, residential, performance, disciplinary, financial, employment, and criminal history records, whether or not such information would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.

I authorize custodians of such records and sources of information to release such information, including permitting the review and copying of any and all documents, records or correspondence pertaining to me, upon request of the representative of the agencies listed above, regardless of any previous agreement to the contrary.

I do, for myself, my heirs, administrators, successors and assigns, hereby release, remise, and forever discharge any person to whom this request is presented and his agents, and employees from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known or unknown, in law or equity, which I ever had, now have, may have, or may claim to have against such person or his agents or employees arising out of or by reason of complying with this request.

I agree to accept any risk of adverse public notice, embarrassment, criticism or financial loss that may result from use of information that is obtained in connection with a background investigation for the purpose listed in this document.

I agree to indemnify and hold harmless any person to whom this request is lawfully presented and his agents and employees from and against all claims, damages, losses, and expenses, including reasonable attorneys' fees, arising out of or by reason of complying with this request.



I understand that the information released by records custodians and other sources of information is for required background investigations to process my license application for gaming employment or management, or providing goods or services to a gaming operation.

Copies of this authorization that show my signature are as valid as the original release signed by me. I understand that this authorization remains valid for two (2) years from the date it is signed.

I, \_\_\_\_\_, do hereby certify that I have read the foregoing and understand and authorize release of personal, financial, and criminal information about myself.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Full Name (type or print legibly)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Current Address (street)

\_\_\_\_\_  
City, State, Zip

WITNESSED before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(Signed) \_\_\_\_\_

(Print Name) \_\_\_\_\_