



Pennsylvania Gaming Control Board

Manufacturer Employee Application and Disclosure Information Form

REVISED 7/08/2005

Purpose of Application and Disclosure Form

Slot Machine Manufacturer Employee	
<input type="checkbox"/>	This form is submitted as an initial application for a slot machine Manufacturer Employee Permit and is subject to a permit fee of \$350.00.

NO APPLICATION WILL BE ACCEPTED WITHOUT AN OFFER OF EMPLOYMENT FROM THE LICENSED EMPLOYING ENTITY.

Name of Licensed Entity Issuing Offer of Employment
Name:
Address:
City/State/Zip:
Contact / Phone Number

APPLICATION INSTRUCTIONS

Please be aware that the Pennsylvania Gaming Control Board ("Board") will not accept an application from or issue a permit to any person who is not a citizen of the United States or who does not possess a valid employment authorization to work in the United States. Furthermore, the expiration date of a permit issued by the Board to any person who is not a citizen of the United States cannot exceed the expiration date of that person's employment authorization.

I. COMPLETING THIS FORM:

- A. You are to complete this application if you are:
1. An applicant for a one year employee permit pursuant to Section 1318 of the Act modified to include the employees of manufacturers of gaming equipment that will perform duties within gaming entity facilities or have direct contact with gaming equipment.
 2. Directed to do so by the Board.
- B. Read each question carefully prior to answering. Answer every question completely. Do not leave blank spaces. If a question does not apply to you, write "Does not Apply" in response to that question. If there is nothing to disclose in response to a particular question, write "None" in response to that question.

- C. All entries on this form, except initials and signatures, must be typed or printed in block lettering using only black or blue ink. If the application is not legible, it will not be accepted.
- D. If you need additional space to answer any question(s), use the blank page provided on page 23 of this form. If you use this additional space, be sure to indicate the number(s) of the questions(s) which you are answering.

II. BEFORE YOU SUBMIT THIS FORM TO THE BOARD, BE SURE THAT:

- A. You have attached a current photograph of you to the application in the designated area. You will also have to positively establish your identity during the process in a manner described in section (IV). The requirement to be fingerprinted will be completed once the initial application has been approved by the Board to ensure completeness of the application.
- B. All attachments required in this form are labeled with an exhibit number and included in both the original and the photocopies.
- C. The Statement of Truth and Release Authorization forms are notarized on the original application.
- D. Every question has been answered completely.
- E. You initial each page of this form in the space provided.
- F. You retain a completed copy of this form for your own records.

III. FILING THIS FORM WITH THE BOARD:

- A. Submit this form as an original and seven (7) photocopies of the form and attachments together with a check or money order (no cash) for \$350. Make your check or money order payable to "Pennsylvania Gaming Control Board." **Application fees are nonrefundable.**
- B. If the photocopies of this form are not clear, the application **will not be accepted.**
- C. The application, photocopies and check or money order should be mailed to the Board at the following address:

Pennsylvania Gaming Control Board
P. O. Box 69060
Harrisburg, Pennsylvania 17106-9060

- D. Once your application is accepted, it becomes the property of the Board and may not be withdrawn without the permission of the Board.
- E. Your application will be reviewed for completeness and accuracy by the Board. If the review indicates the application is complete, the application process will proceed to the next step. The next step is in Section IV Fingerprinting and Establishing Your Identity. If the review determines that your application isn't complete, then the Board will return your application with an explanation on the area(s) that need to be completed or corrected.

IV. FINGERPRINTING AND ESTABLISHING YOUR IDENTITY:

After the Board determines that your application is complete, the Board will send you a letter advising you of the requirement to appear at a Pennsylvania State Police facility within thirty (30) days to be fingerprinted in accordance with the Act. Your identity will also have to be verified at this time. The letter will specify a Pennsylvania State Police facility to fulfill this fingerprinting requirement and will explain the entire fingerprinting process in detail.

If you are a NON-RESIDENT of Pennsylvania and/or are unable to come to the designated office to be fingerprinted, the Board letter will explain how to fulfill the fingerprint processing requirement in detail. If you are a RESIDENT of Pennsylvania, you must be fingerprinted at a Pennsylvania State Police facility designated in your letter.

Do not contact the Pennsylvania State Police for fingerprinting until you receive your letter from the Board.

Failure to be fingerprinted and processed when required **shall** be a basis for denial of your employee permit application.

To establish your identity and employment authorization in accordance with the Act, you will be required to appear personally at the designated Pennsylvania State Police facility and present the original document(s) listed below in A or B. Your fingerprints will be taken at that time.

- A. A current and valid U.S. passport OR Certificate of Naturalization.
- B. If the items in (A) above are not available, **two** of the following authentic documents will be accepted:
 - 1. A U.S. birth certificate issued by a state, county or municipal authority with an official seal;
 - 2. A current and valid state issued driver's license that has a photograph and identifying information;
 - 3. A current and valid identification card issued to persons who serve in the U.S. military or their dependents that has a photograph and identifying information;
 - 4. A current and valid school identification card containing a photograph, an expiration date, the seal or logo of the issuing institution and the signature of the card holder;
 - 5. A current and valid identification card issued by a federal, state or local government agency that has a photograph and identifying information;
 - 6. A valid casino employee license, an expired casino employee or casino key employee license issued within five years of the date of this application or a valid casino service employee registration; or

7. A current and valid foreign passport with a proper authorization to work in the United States.

NOTE: If the name on any of the provided identification is different than the name on your application, you must also provide a court ordered name change, marriage certificate or divorce decree to establish the reason for the different name.

V. IMPORTANT NOTICES:

- A. Should you be unable to understand this form fully in English, it is your responsibility to acquire adequate means of translation.
- B. 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.
- C. Failure to answer any question completely and truthfully will result in denial of your permit application and/or revocation of your permit.
- D. Any person who applies for and obtains a permit from the Board is required to submit to warrantless searches when present in a licensed gaming facility pursuant to the Act.
- E. Information supplied to the Board or otherwise obtained is confidential and shall not be revealed except in the course of the necessary administration of the 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 permit holder waives any liability of the State 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.
- F. In accordance with section 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 as a licensed gaming facility employee. The absence of a social security number on the application may delay the final determination of your application.
- G. Application for the renewal of an employee permit must be filed with the Board five months prior to the expiration date of the current permit.

PERSONAL HISTORY DISCLOSURE FORM

PLEASE PRINT OR TYPE THE ANSWERS TO THE FOLLOWING QUESTIONS IN THE SPACES PROVIDED

NAME: LAST (INCLUDE SR., JR., ETC., IF APPLICABLE) FIRST MIDDLE

MAILING ADDRESS: (NUMBER AND STREET) (APT#) (CITY) (STATE) (ZIP CODE)

HOME ADDRESS: (IF DIFFERENT THAN MAILING ADDRESS)
(NUMBER AND STREET) (APT#) (CITY) (STATE) (ZIP CODE)

HOME TELEPHONE NUMBER: (AREA CODE) (NUMBER) TELEPHONE NUMBER AT CURRENT PLACE OF EMPLOYMENT: (AREA CODE) (NUMBER) (EXTENSION)

DATE OF BIRTH: (MO) (DAY) (YEAR) HEIGHT (FT-IN) WEIGHT (LBS) SOCIAL SECURITY NUMBER*

HAVE YOU BEEN KNOWN BY ANY OTHER NAME OR NAMES? YES NO IF YES, LIST THE ADDITIONAL NAMES BELOW AND SPECIFY DATES OF USE FOR EACH. (INCLUDE MAIDEN NAME, ALIASES, NICKNAMES OR ANY OTHER NAME.)

----- PLEASE CHECK APPROPRIATE SPACE -----

HAIR COLOR:

- (BK) BLACK
- (BR) BROWN
- (BD) BLOND
- (RD) RED
- (GY) GRAY
- (WH) WHITE
- (BA) BALD

EYE COLOR:

- (BK) BLACK
- (BR) BROWN
- (HZ) HAZEL
- (BL) BLUE
- (GY) GRAY
- (GR) GREEN

SEX:

- (M) MALE
- (F) FEMALE

RACE:**

- (C) CAUCASIAN
- (B) BLACK
- (H) HISPANIC
- (A) ASIAN
- (N) NATIVE AMERICAN
- (I) INDIAN (INDIA)
- (O) OTHER

*UNDER THE PRIVACY ACT, DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER IS VOLUNTARY, SEE SECTION (V) (G) UNDER IMPORTANT NOTICES ON PAGE 5 OF THIS APPLICATION.

**YOUR RESPONSE IS OPTIONAL.

DO NOT WRITE ON THIS PAGE

THIS PAGE FOR OFFICIAL USE ONLY

Name _____

Date of Birth _____

Any one of the following:

_____ United States Passport Expiration Date _____

_____ Certificate of Naturalization

_____ Employment Authorization Identification Card Expiration Date _____

Specify Status _____

OR, any two of the following:

_____ Certified Birth Certificate

_____ Motor Vehicle Operator's License Expiration Date _____

Jurisdiction _____

_____ U.S. Military Card

_____ Student Identification

_____ Government Identification Card

Specify _____

_____ Foreign Passport INS Expiration Date _____

Country _____

Comments:

Authorized by: _____

Date: _____

IMPORTANT

FAILURE TO ANSWER ANY QUESTION ON THIS FORM COMPLETELY AND TRUTHFULLY WILL RESULT IN THE DENIAL OF YOUR PERMIT APPLICATION.

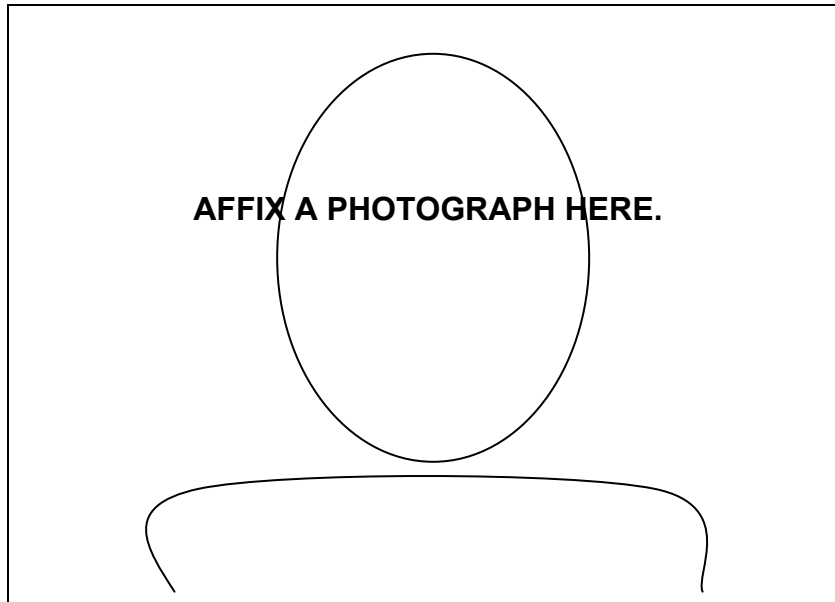


Photo Instructions:

The photo must be in color and no older than 6 months. The photo must measure approximately 4 inches wide by 3 inches tall. The applicant's head, measured from the bottom of the chin to the top of the hair, should be between 2 inches and 2-3/8 inches. The head should be centered in the photo. The head of the person being photographed should not be tilted up, down or to the side. It should cover about 50% of the area of the photo.

The photo should show a clear, front view, full face of the applicant. The applicant should be in normal street attire, without hat or dark glasses against a plain white or off-white background. The applicant should have a natural expression, mouth closed, and eyes open and looking directly ahead. Photos in which the face of the person being photographed is not in focus will not be accepted.

Unless worn daily for religious reasons, all hats or headgear should be removed for the photo. In all cases, no item or attire should cover or otherwise obscure any part of the face. Eyeglasses worn on a daily basis can be worn for the photo. However, there should be no reflection from the eyeglasses that obscures the eyes. Dark glasses or nonprescription glasses with tinted lenses are not acceptable unless you need them for medical reasons. A medical certificate may be required.

Uniforms should not be worn in photographs except in the case of religious attire that is worn daily. Otherwise, normal street attire should be worn.

I am applying for an initial permit as a:

_____ Manufacturer Employee

NOTE: Employees are those employed in the delivery, set-up, installation, maintenance and operation of slot machines and related equipment that will need access to a gaming entity or entities in the performance of their duties. It also includes any person whose employment duties predominantly involve the maintenance or operation of gaming activity or equipment and assets associated therewith or who is regularly required to work in a restricted area.

1. Are you a citizen of the United States? Yes No

2. If you are a naturalized citizen of the United States, attach a copy of your Certificate of Naturalization to this form labeled as Exhibit 2.

3. If you are not a citizen of the United States, please indicate:

A. The country of which you are a citizen: _____

B. Place of birth: _____
CITY STATE COUNTRY

C. Port of entry to the United States: _____

D. Name and address of sponsor upon your arrival: _____

4. 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, and attach to this form a copy of your employment authorization identification card and/or any other document that conditions or restricts your employment labeled as Exhibit 4.

Employment Authorization number: _____

FAMILY DATA

5. MARITAL STATUS Please use additional forms as required.

Circle your current marital status: Single Married Legally Separated Divorced Widow/Widower

PRESENT SPOUSE

Name _____

Business Address _____

Address _____

Telephone No. _____

Occupation _____

Date Married: _____

Date Divorced/Separated/Widowed _____

Circle One

List all former spouses:

FORMER SPOUSE

Name _____

Business Address _____

Address _____

Telephone No. _____

Occupation _____

Date Married: _____

Date Divorced/Separated/Widowed _____

Circle One

FORMER SPOUSE

Name _____

Business Address _____

Address _____

Telephone No. _____

Occupation _____

Date Married: _____

Date Divorced/Separated/Widowed _____

Circle One

OTHER FAMILY MEMBERS Please use additional forms as required.

List other family members including, but not limited to, immediate family members or any individual that lived in your residence during the last ten years.

FAMILY MEMBER

Name _____

Business Address _____

Address _____

Telephone No. _____

Occupation _____

Relationship _____ Age _____

Dates they lived with you from _____ to _____

OTHER FAMILY MEMBERS (Continued) Please use additional forms as required.

FAMILY MEMBER	
Name _____ Address _____ _____	Business Address _____ _____ _____
Telephone No. _____ Relationship _____ Age _____	Occupation _____ Dates they lived with you from _____ to _____

FAMILY MEMBER	
Name _____ Address _____ _____	Business Address _____ _____ _____
Telephone No. _____ Relationship _____ Age _____	Occupation _____ Dates they lived with you from _____ to _____

FAMILY MEMBER	
Name _____ Address _____ _____	Business Address _____ _____ _____
Telephone No. _____ Relationship _____ Age _____	Occupation _____ Dates they lived with you from _____ to _____

FAMILY MEMBER	
Name _____ Address _____ _____	Business Address _____ _____ _____
Telephone No. _____ Relationship _____ Age _____	Occupation _____ Dates they lived with you from _____ to _____

FAMILY MEMBER	
Name _____ Address _____ _____	Business Address _____ _____ _____
Telephone No. _____ Relationship _____ Age _____	Occupation _____ Dates they lived with you from _____ to _____

RESIDENCE DATA

6. Beginning with your current residence(s) and working backwards, provide the following information with respect to each place where you have lived during the past TEN years.

DATES		ADDRESS (NO., STREET, APT., CITY, STATE, COUNTRY AND ZIP CODE)	TELEPHONE NUMBER
FROM: (MO/YR)	TO: (MO/YR)		

Please use additional forms as required.

MILITARY SERVICE DATA

- 7. Have you ever served in a military organization of the United States or been an active or inactive member of the Reserve Forces of the United States? Yes No

- 8. Have you ever been tried by military court martial or have you had charges filed against you under Article 15 of the Uniform Code of Military Justice (summary court, deck court, captain's mast, company punishment, etc.)? Yes No

If yes, give details of the charge(s) and their disposition(s).

EMPLOYMENT AND LICENSING DATA

9. In the chart below, provide the information regarding your employment for the past ten 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. Note by means of an asterisk (*) any gaming-related employment (such as casino gaming, horse racing or dog racing, pari-mutuel operation, lottery, sports betting, etc.).

DATES		NAME AND MAILING ADDRESS OF EMPLOYER(S)	TELEPHONE NUMBER	TITLE/POSITION HELD AND DESCRIPTION OF DUTIES	REASON FOR LEAVING
FROM: (MO/YR)	TO: (MO/YR)				

10. Have you ever applied in any jurisdiction for a license, permit, registration or other authorization to participate in a lawful gambling operation (including casino gaming, horse racing, dog racing, parimutuel operation, lottery, sports betting, etc.)?

Yes No

If yes, complete the following chart:

NAME AND ADDRESS OF LICENSING AGENCY (INCLUDING COUNTRY, STATE, COUNTY OR MUNICIPALITY)	TYPE OF LICENSE, PERMIT, APPROVAL, OR REGISTRATION	DATE OF APPLICATION	DISPOSITION (GRANTED, DENIED OR PENDING)	LICENSE, PERMIT, APPROVAL OR REGISTRATION NUMBER

11. Have you ever had any license, permit or certification denied, suspended or revoked by a governmental or non-governmental agency? (Do not include driver's license.)

Yes No

If yes, complete the following chart:

TYPE OF LICENSE, PERMIT OR CERTIFICATE	NAME AND ADDRESS OF GOVERNMENTAL AGENCY	DATE OF DENIAL, SUSPENSION OR REVOCAION	REASON(S) FOR DENIAL, SUSPENSION OR REVOCAION

CIVIL, CRIMINAL AND INVESTIGATORY PROCEEDINGS

The next question asks about any arrests, charges or offenses you may have committed. Prior to answering this question, carefully review the definitions and instructions which follow:

DEFINITIONS: For purposes of this question:

- A. "Arrest" includes any detaining, holding, or taking into custody by any police or other law enforcement authorities to answer for the alleged performance of any "offense."
- B. "Charge" includes any indictment, complaint, information, summons, or other notice of the alleged commission of any "offense."
- C. "Offense" includes all state and federal felonies, misdemeanors, summary offenses and violation of probation or any other court order.

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 charges were dismissed or subsequently downgraded to a lesser charge;
- 3. You completed an Accelerated Rehabilitative Disposition ("ADR") or equivalent diversionary program in other jurisdictions;
- 4. You were not convicted;
- 5. You did not serve any time in prison or jail; or
- 6. The charges or offenses happened a long time ago.

B. Answer "no" IF:

- 1. You have never been arrested or charged with any crime or offense;
- 2. Any records relating to a charge, an arrest or conviction have been expunged or otherwise officially sealed by a court or government agency.

12. Have you ever been arrested or charged with any crime or offense in Pennsylvania or any other jurisdiction?

Yes No

If yes, complete the chart on the following page:

12. (Cont.)

NATURE OF CHARGE OR OFFENSE/LOCATION WHERE INCIDENT OCCURRED	DATE OF CHARGE OR OFFENSE	NAME AND ADDRESS OF LAW ENFORCEMENT AGENCY OR COURT INVOLVED	DISPOSITION (CONVICTED, ACQUITTED, DISMISSED, PENDING, PARDONED, ETC.)	SENTENCE

13. 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

14. a) In the past ten 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
- b) Do you have any outstanding tax liabilities to either the Commonwealth of Pennsylvania or any other jurisdiction? Yes No

If yes to either question, complete the following chart:

DATE/DATE FILED	JURISDICTION	DOCKET/REFERENCE NUMBER	OTHER PARTIES TO SUIT/EXPLANATION OF LIABILITY	NATURE OF SUIT/AMOUNT OF LIABILITY	DISPOSITION	DATE OF DISPOSITION

VEHICLE OPERATOR DATA

15. 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 State of Pennsylvania or any other jurisdiction in the following chart:

DATE LAST ISSUED	LICENSE NUMBER	TYPE OF LICENSE	JURISDICTION ISSUING LICENSE	EXPIRATION DATE OF LICENSE

FINANCIAL DATA

16. Within the past ten years, have you held an ownership interest in any business(es)? Yes No
 (Do **not** include publicly traded corporations in which you owned less than 10% of the outstanding stock.)

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)				

17. Have you personally ever been adjudicated bankrupt or filed a petition for any type of bankruptcy or insolvency under any bankruptcy or insolvency law? If yes, attach a copy of the bankruptcy petition and discharge, if granted.

Yes No

If yes, complete the following chart:

DATE FILED	DOCKET NUMBER	NAME AND ADDRESS OF COURT	NAME AND ADDRESS OF TRUSTEE

18. In the past twenty years or since the age of 18, whichever is less, has any business entity in which you held a 5% or greater ownership interest (other than ownership of stock in a publicly traded corporation) or in which you served as an officer or director been adjudicated bankrupt or filed a petition for any type of bankruptcy or insolvency under any bankruptcy or insolvency law?

Yes No

If yes, complete the following chart:

DATE FILED	DOCKET NUMBER	NAME AND ADDRESS OF COURT	NAME AND ADDRESS OF FILING PARTY	NAME AND ADDRESS OF TRUSTEE

19. Have your wages, earnings, or other income been subject to garnishment, attachment, charging order, voluntary wage execution or the like during the past ten-year period?

Yes No

If yes, complete the following chart:

DATE FILED	DOCKET NUMBER	NAME AND ADDRESS OF COURT	NATURE OF OBLIGATION	AMOUNT OF OBLIGATION	NAME AND ADDRESS OF HOLDER OF OBLIGATION

20. 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 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.

21. Do you have any outstanding tax liabilities to either the Commonwealth of Pennsylvania or any other jurisdiction? If yes, please attach explanation.

Yes No

22. Provide the names and other information requested of three (3) references over the age of 18 who have known you for at least one 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?

23. As indicated in the instructions on page 2 of this form, this page is to be used by you for any questions which require additional space to answer. The number of the question must be stated immediately prior to your answer. If additional pages are needed, photocopy this page or add paper of similar size and identify these pages with corresponding numbers and letters. **Be sure to include your initials at the bottom on any new page added.**

IDENTIFY ALL ANSWERS BY ORIGINAL QUESTION NUMBERS

APPLICATION FOR TAX CLEARANCE REVIEW

Completion of this form is a condition of this application and will authorize the Pennsylvania Department of Revenue (“DOR”) and the Department of Labor and Industry (“DLI”) to review the tax records of the person(s) and or entity(s) as part of the licensing evaluation by the Pennsylvania Gaming Control 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 Pennsylvania State Police and the Pennsylvania Gaming Control Board. It allows the Pennsylvania State Police to provide the information to the Pennsylvania Department of Revenue and Pennsylvania Gaming Control Board. Pennsylvania tax records are confidential information. Unauthorized disclosure of tax records is a criminal offense.

Please print or type the following information:

Full Name as Listed on Personal Tax Return **Social Security Number**

Street Address City State Zip code

Please provide the following tax numbers for any entity doing business in Pennsylvania in which you have a controlling interest and/or a five percent interest, which ever is less. Also list any entity (including non-profit or for profit organizations) in which you are a responsible corporate officer:

Name of Business	Federal Identification Number (EIN)	Labor and Industry Tax Number

(If you have additional businesses, please attach a separate sheet with the names, EINs and Labor and Industry Tax Numbers)

I certify that I am the individual whose tax records are to be reviewed.

Signature **Telephone Number** **Date**

AFFIDAVIT

STATE OF _____: COUNTY OF _____:	SS:
Certification: The applicant hereby certifies that the undersigned is authorized to sign this application on behalf of the applicant and that there is no misrepresentation or falsification in this application. I further agree to the terms of licensing as specified within the regulations and specifications of the Pennsylvania Gaming Control Board. I am aware that false or misleading statements will be cause for rejection or revocation of the license and will be subject to criminal penalties under 18 Pa. C.S.A. Section 4903.	
	NAME OF APPLICANT
	BY (SIGNATURE)
	TITLE
DATE	INDIVIDUAL PREPARING THIS FORM IF DIFFERENT FROM APPLICANT
Subscribed and sworn to me this _____ day of _____ of, 20__	
NOTARY PUBLIC	
My Commission Expires on: ____/____/20__	

RELEASE AUTHORIZATION

To All Courts, Probation Departments, Selective Service Boards, Employers, Educational Institutions, Banks, Financial and Other Such Institutions, and All Governmental Agencies – federal, state, local, without exception, both foreign and domestic: I, _____, the undersigned, have authorized the Pennsylvania Gaming Control Board (“Board”) and its investigatory agents (including but not limited to the Pennsylvania State Police (“PSP”), Bureau of Investigations and Enforcement (“BIE”), and/or vendor agents) to conduct a full investigation into my background and activities.

Therefore, you are hereby authorized to release any and all information pertaining to me, documentary or otherwise, as requested by any employee or agent of the Board or PSP. A photocopy of this authorization will be considered as effective and valid as the original. I am aware that false or misleading statements will be cause for rejection or revocation of the license.

By signing this form, I am knowingly, willingly and voluntarily waiving any and all present or future claims or causes of action that could be asserted against the Board, the PSP or the BIE relative to the obtaining and/or disseminating of information referenced by this release.

Date

Signature of Applicant (Legal Signature)

Printed Name of Applicant

() _____
Daytime Telephone Number

Subscribed and sworn to me this _____ day of

_____ of, 20__

NOTARY PUBLIC

My Commission Expires on: ____/____/20__

**AUTHORIZATION FOR PENNSYLVANIA STATE POLICE TO OBTAIN AND RETAIN
FINGERPRINTS AND PHOTOGRAPHIC IMAGES**

Pursuant to Section 1202(B)(9) and (14) of Act 71, known as The Pennsylvania Race Horse Development and Gaming Act (“Act”), I hereby authorize the Pennsylvania State Police (“PSP”) to obtain three complete sets of my fingerprints and photographic images of me. Furthermore, I agree to submit to fingerprinting and photographing by the PSP for the purpose of assisting the PSP in carrying out the policy and purpose of the Act.

I also authorize the PSP to retain and transmit copies of my fingerprints and photographic image, using electronic means, if appropriate, to meet the needs of the PSP. It is further understood that the PSP will transmit copies of my fingerprints and photographs to the Pennsylvania Gaming Control Board, the Federal Bureau of Investigations, and other law enforcement agencies for purposes of verifying my identity, obtaining records relevant to my eligibility to gain and maintain employment in any capacity as identified by the Act, or for purposes of taking any other action deemed necessary by the PSP to fulfill the policies and purposes of the Act.

I further authorize the PSP to use and retain the fingerprints 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 relative to the PSP obtaining and/or disseminating the within referenced fingerprint copies and photographic images.

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____