



Pennsylvania Gaming Control Board

KEY EMPLOYEE/QUALIFIER FORM

PENNSYLVANIA SUPPLEMENT TO THE MULTI-
JURISDICTIONAL PERSONAL HISTORY DISCLOSURE
FORM

INSTRUCTIONS

I. COMPLETING THIS FORM:

A. You are to complete this form if you are:

1. A **QUALIFIER**. An individual related to a license applicant that, while not a key employee, has or may have control over the licensee's business. Section 1311 of The Pennsylvania Race Horse Development and Gaming Act ("Act") designates specific types of individuals that must be "qualified for licensure as key employees." These specific types of individuals include: corporate officers, directors, each person who directly or indirectly holds any beneficial interest in the entity, each person who might control the entity through a controlling interest or voting power to elect the licensee's board of directors, each lender (excludes any banks or other licensed lending institutions that are in the commercial loan business), each underwriter, each agent, each employee of the licensed corporation or entity that the Pennsylvania Gaming Control Board ("Board") determines is subject to approval or qualification;
2. A **KEY EMPLOYEE** as defined in Section 1103 of the Act including, but not limited to, an applicant for a slot machine key employee license or manufacturer or supplier key employee; or
3. Directed to do so by the Board.

II. ESTABLISHING YOUR IDENTITY AND WORK AUTHORIZATION IN CONNECTION WITH AN APPLICATION FOR A CASINO KEY EMPLOYEE LICENSE:

All applicants for a key employee/qualifier license will be required to establish their identity.

To establish your identity and employment authorization, you must present the original document(s) listed in A or B, below.

A. ONE of the following:

1. A current and valid U.S. passport;
2. Certificate of Naturalization.

B. If the items in (A) above are not available, any TWO of the following authentic documents may be accepted:

1. A U.S. birth certificate issued by a state, country 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 cardholder;
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 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.

If you need to supply additional information, label with the appropriate exhibit number and attach as a separate sheet to the end of the application form.

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

- A.** If you are applying for a slot machine key employee license or a qualifier, you have established your identity and work authorization in accordance with Section II and attached copies of those documents to this form;
- B.** All attachments required in this form and in the Multi Jurisdictional Personal History Disclosure form are to be labeled with an exhibit number and included in both the original and the photocopies filed with the Board;
- C.** The Statement of Truth form in the Multi Jurisdictional Personal History Disclosure form and the Release Authorization form attached to this Pennsylvania supplement are notarized on the original application;
- D.** Every question has been answered completely;
- E.** You initial and date each page of this form in the spaces provided;
- F.** You retain a completed copy of this form for your own records; and
- G.** The appropriate background investigation fee was be paid by the business entity you are associated with and who provided you with a work authorization when submitting this application.

IV. FILING THIS FORM WITH THE BOARD:

- A.** Submit an original and seven (7) photocopies of this form, the Multi Jurisdictional Personal History Disclosure form and all attachments. If the original forms and photocopies of these forms are not clearly legible, the application will not be accepted for processing.
- B.** The application processing and background investigation fees shall be charged on a full expense-reimbursable basis to the business entity with which you are associated. All unpaid expenses related to the processing of your application and associated background investigation must be paid in full by the business entity before a key employee/qualifier license or qualification will be issued.
- C.** 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 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.

Please 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.

- D.** Once your application is received, it becomes the property of the Board regardless of whether it is accepted, and it may not be withdrawn without the permission of the Board.

V. IMPORTANT NOTICES:

- A.** Should you be unable to fully understand this form or any other form, 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 of any change of address.

- C.** Failure to answer any question completely and truthfully will result in denial of your license application.
- D.** Any person who applies for and obtains a license and/or permit from the Board or is required to qualify is subject to warrantless searches when present in a licensed facility pursuant to Section 1517 of the Act.
- E.** By submitting this application, the signatory of this form whether an applicant, licensee or person required to qualify, 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.
- F.** The Act authorizes the Board or its designees to ask for your social security number. 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 for denial of your application. The request for your social security number is made pursuant to the Act. If provided, your social security number will be used by the Board and its agents to obtain and verify information in your application for qualification. The absence of a social security number on the application may delay the final determination of your application.

Pennsylvania Supplemental Form Multi Jurisdictional Personal History Disclosure Form

This supplement must be accompanied by at **completed** Multi Jurisdictional Personal History Disclosure Form.

Name and Home Address					
FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (JR., SR., ETC.)		
MAIDEN NAME				DATE OF BIRTH	
ADDRESS LINE 1			ADDRESS LINE 2		
ADDRESS LINE 3		CITY	STATE/PROVINCE	POSTAL CODE	
COUNTRY	EMAIL ADDRESS	PHONE	FAX	COUNTY	
Mailing Address (if different from Home Address)					
ADDRESS LINE 1			ADDRESS LINE 2		
ADDRESS LINE 3		CITY	STATE/PROVINCE	POSTAL CODE	
COUNTRY	EMAIL ADDRESS	PHONE	FAX	COUNTY	
Descriptive Information					
HEIGHT _____ FT IN	WEIGHT _____ LBS	SOCIAL SECURITY NUMBER*		DRIVERS' LICENSE NO. _____	
				STATE ISSUED: _____	
				OPERATOR'S NUMBER: _____	
TATTOOS, SCARS OR DISTINGUISHING MARKS:			MARITAL STATUS:		
			<input type="checkbox"/> SINGLE (NEVER MARRIED) <input type="checkbox"/> SEPARATED <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED		
HAIR COLOR		EYE COLOR		SEX	
<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	
RACE**					
<input type="checkbox"/> (C) CAUCASIAN <input type="checkbox"/> (B) BLACK <input type="checkbox"/> (H) HISPANIC <input type="checkbox"/> (A) ASIAN <input type="checkbox"/> (N) NATIVE AMERICAN <input type="checkbox"/> (I) INDIAN (INDIA) <input type="checkbox"/> (O) OTHER					
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 NAME	LAST NAME	SUFFIX (JR, SR, ETC.)	FROM DATE	TO DATE
			INITIALS	DATE	

* Under the Federal Privacy Act, disclosure of your social security number is voluntary. If you choose not to provide your social security number, the processing of your application and background investigation may be delayed.

** You are NOT REQUIRED to provide this information, it is optional.

DO NOT WRITE ON THIS PAGE
THIS PAGE IS FOR OFFICIAL USE ONLY

Applicant Name			
FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (JR., SR., ETC.)
MAIDEN NAME			DATE OF BIRTH
Documentation Used to Verify Identity			
ANY ONE OF THE FOLLOWING			
<input type="checkbox"/> UNITED STATES PASSPORT	EXPIRATION DATE		
<input type="checkbox"/> CERTIFICATE OF NATURALIZATION			
<input type="checkbox"/> IDENTIFICATION CARD AUTHORIZING EMPLOYMENT IN THE UNITED STATES	EXPIRATION DATE		
	SPECIFY STATUS		
OR			
ANY TWO OF THE FOLLOWING			
<input type="checkbox"/> CERTIFIED U.S. BIRTH CERTIFICATE			
<input type="checkbox"/> MOTOR VEHICLE OPERATOR'S LICENSE	EXPIRATION DATE		
	JURISDICTION		
<input type="checkbox"/> U.S. MILITARY CARD			
<input type="checkbox"/> STUDENT IDENTIFICATION			
<input type="checkbox"/> GOVERNMENT IDENTIFICATION CARD	SPECIFY		
<input type="checkbox"/> PENNSYLVANIA GAMING CONTROL BOARD LICENSE OR REGISTRATION	SPECIFY		
<input type="checkbox"/> FOREIGN PASSPORT	COUNTRY		
Comments			
AUTHORIZED BY			DATE

Business Entity Information

Provide the following information about the licensed slot machine business entity or applicant for a license with which you are seeking to be associated and your position in it.

Business Entity Name

BUSINESS NAME AS IT APPEARS ON THE BUSINESS ENTITY'S CERTIFICATE OF INCORPORATION, CHARTER, BYLAWS, PARTNERSHIP AGREEMENT OR OTHER OFFICIAL DOCUMENTS (SPELL OUT COMPLETE NAME, DO NOT USE ABBREVIATIONS)

TRADE NAME(S) AND DOING BUSINESS AS ("DBA") NAMES

Business Entity Principal Address

ADDRESS LINE 1

ADDRESS LINE 2

ADDRESS LINE 3

CITY

STATE/PROVINCE

POSTAL CODE

COUNTRY

EMAIL ADDRESS

COUNTY(IES)

TOWNSHIP(S)

WEB URL

PHONE NUMBER () - -

FAX NUMBER () - -

Business Entity Location In Pennsylvania

ADDRESS LINE 1

ADDRESS LINE 2

ADDRESS LINE 3

CITY

STATE/PROVINCE

POSTAL CODE

COUNTRY

EMAIL ADDRESS

COUNTY(IES)

TOWNSHIP(S)

WEB URL

PHONE NUMBER () - -

FAX NUMBER () - -

Employment or other Association With Slot Machine Licensee or Applicant

CHECK THE BLOCKS AND FILL IN THE INFORMATION THAT DESCRIBES THE REASON YOU ARE SUBMITTING THIS APPLICATION

I AM APPLYING AS A **KEY EMPLOYEE** OF THE BUSINESS ENTITY

TITLE OR POSITION HELD OR WILL HOLD

I AM APPLYING AS A **QUALIFIER** OF THE BUSINESS ENTITY

QUALIFIER ROLE

OFFICER

UNDERWRITER

DIRECTOR

AGENT

OWNER

EMPLOYEE (PRINCIPAL EMPLOYEE OF THE OWNER OF LICENSEE/APPLICANT)

STOCKHOLDER

LENDER

OTHER: _____

I AM APPLYING FOR QUALIFICATION IN CONNECTION WITH:

A CURRENTLY LICENSED SLOT MACHINE OPERATOR

A CURRENTLY LICENSED MANUFACTURER SUPPLIER

A CONDITIONALLY LICENSED SLOT MACHINE OPERATOR

AN APPLICANT TO BE LICENSED AS A MANUFACTURER SUPPLIER

AN APPLICANT FOR A SLOT MACHINE LICENSE

OTHER: _____

NAME OF GAMING BUSINESS ENTITY OF WHICH I AM CURRENTLY A **QUALIFIER**:

IF APPLICABLE, THE NAME OF HOLDING COMPANY(IES) OF THE LICENSEE OR APPLICANT WITH WHICH I HAVE ANY POSITIONS:

INITIALS

DATE

Financial Interest & Citizenship Information

Applicant Ownership Interest or Financial Interests

DO YOU HAVE ANY OWNERSHIP INTEREST, FINANCIAL INTEREST OR FINANCIAL INVESTMENT IN ANY BUSINESS ENTITY APPLYING TO, OR PRESENTLY LICENSED BY, THE PENNSYLVANIA GAMING CONTROL BOARD?

YES NO

IF YES, COMPLETE THE INFORMATION REQUIRED

NAME OF BUSINESS ENTITY	NATURE AND AMOUNT OF YOUR INTEREST/INVESTMENT	PERCENT OF OWNERSHIP IN THE BUSINESS ENTITY	GAMING AGENCY

Citizenship

ARE YOU A CITIZEN OF THE UNITED STATES? YES NO

IF YOU ARE A NATURALIZED CITIZEN, ATTACH A COPY OF YOUR CERTIFICATE OF NATURALIZATION TO THIS FORM.

Non-Citizen Information

IF YOU ARE NOT A CITIZEN OF THE UNITED STATES, PLEASE PROVIDE THE FOLLOWING INFORMATION:

THE COUNTRY OF WHICH YOU ARE A CITIZEN		PLACE OF BIRTH		
PORT OF ENTRY INTO THE UNITED STATES	DATE OF ENTRY			
PROVIDE THE NAME AND ADDRESS OF SPONSOR UPON YOUR ARRIVAL				
FIRST NAME		MIDDLE NAME		LAST NAME
OCCUPATION		TITLE		
ADDRESS LINE 1		ADDRESS LINE 2		
ADDRESS LINE 3		CITY	STATE/PROVINCE	POSTAL CODE
COUNTRY	EMAIL ADDRESS	PHONE NUMBER ()		FAX NUMBER ()
		INITIALS		DATE

Foreign Financial Interests

Non-Citizen Information (continued)

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 WORK AUTHORIZATION NUMBER IN THE SPACE PROVIDED BELOW, AND ATTACH TO THIS FORM A COPY OF YOUR WORK AUTHORIZATION IDENTIFICATION CARD AND/OR ANY OTHER DOCUMENT THAT CONDITIONS OR RESTRICTS YOUR EMPLOYMENT.

WORK AUTHORIZATION NUMBER: _____

Applicant Participation in Businesses With Foreign Interests

DURING THE LAST TEN YEARS, HAVE YOU HELD A 5% OR GREATER INTEREST IN OR BEEN A DIRECTOR, OFFICER OR PRINCIPAL EMPLOYEE OF ANY ENTITY THAT:

HAS MADE OR HAS BEEN CHARGED WITH (EITHER ITSELF OR THROUGH THIRD PARTIES ACTING FOR IT) BRIBES OR KICKBACKS TO ANY GOVERNMENT OFFICIAL, DOMESTIC OR FOREIGN, TO OBTAIN FAVORABLE TREATMENT OR TO ANY COMPANY, EMPLOYEE OR ORGANIZATION TO OBTAIN A COMPETITIVE ADVANTAGE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAS HELD A FOREIGN BANK ACCOUNT OR HAS HAD AUTHORITY TO CONTROL DISBURSEMENTS FROM A FOREIGN BANK ACCOUNT?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAS MAINTAINED A BANK ACCOUNT, OR OTHER ACCOUNT, WHETHER DOMESTIC OR FOREIGN, WHICH WAS NOT REFLECTED ON THE BOOKS OR RECORDS OF THE BUSINESS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAS MAINTAINED A DOMESTIC OR FOREIGN NUMBERED BANK ACCOUNT OR OTHER BANK ACCOUNT IN A NAME OTHER THAN THE NAME OF THE BUSINESS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAS DONATED OR LOANED CORPORATE FUNDS OR CORPORATE PROPERTY FOR THE USE OR BENEFIT OF, OR FOR THE PURPOSE OF OPPOSING, ANY GOVERNMENT, POLITICAL PARTY, CANDIDATE OR COMMITTEE EITHER DOMESTIC OR FOREIGN?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAS COMPENSATED ANY OF ITS DIRECTORS, OFFICERS OR EMPLOYEES FOR TIME AND EXPENSES INCURRED IN PERFORMING SERVICES FOR THE BENEFIT OF OR IN OPPOSING ANY GOVERNMENT OR POLITICAL PARTY DOMESTIC OR FOREIGN?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAS MADE ANY LOANS, DONATIONS OR OTHER DISBURSEMENTS TO ITS DIRECTORS, OFFICERS OR EMPLOYEES FOR THE PURPOSE OF MAKING POLITICAL CONTRIBUTIONS OR REIMBURSING SUCH INDIVIDUALS FOR POLITICAL CONTRIBUTIONS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	INITIALS
	DATE

Federal and State Tax Background Information

Applicant Tax Compliance History		
STATE WHEN YOU FILED YOUR LAST FEDERAL INCOME TAX RETURN	PERIOD COVERED	IRS OFFICE LOCATION
ATTACH TO THE BACK OF THIS FORM, A COPY OF EACH IRS FORM(S) FILED AND ALL SUPPORTING IRS SCHEDULES* FILED BY YOU IN THE EACH OF THE LAST FIVE YEARS. IF YOU AND YOUR SPOUSE FILED SEPARATE TAX RETURNS FOR ANY YEAR IN THE LAST FIVE YEARS, ALSO ATTACH A COPY OF YOUR SPOUSE'S TAX RETURNS.		
HAS YOUR TAX RETURN EVER BEEN AUDITED OR ADJUSTED?		<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, FOR WHAT TAX YEAR(S)?		
HAVE YOU EVER FAILED TO FILE FEDERAL OR STATE INCOME TAX RETURNS?		<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, FOR WHAT YEAR(S)?		
HAVE YOU OR YOUR SPOUSE EVER FILED ANY TYPE OF TAX RETURN, STATEMENT OR FORM IN ANY JURISDICTION OUTSIDE THE UNITED STATES WITHIN THE LAST TEN YEARS? IF THE ANSWER IS YES, PLEASE PROVIDE THE INFORMATION REQUIRED BELOW.		<input type="checkbox"/> YES <input type="checkbox"/> NO
TAX YEARS FILED	COUNTRY FILED	AMOUNT OF TAX
ATTACH TO THE BACK OF THIS FORM A COPY OF EACH SUCH TAX RETURN AND ALL APPROPRIATE SCHEDULES OR OTHER ATTACHMENTS REQUIRED BY THE TAX AUTHORITIES OF THE FOREIGN JURISDICTIONS.		
		INITIALS
		DATE

* All IRS schedules filed with the applicant's tax return including but not limited to Schedule A, Schedule C, Schedule D, Alternative Minimum Tax Return, Schedule SE, etc. must be filed with this application.

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 _____:

SS:

COUNTY OF _____:

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 Investigation 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__