



STATE GAMING CONTROL BOARD GAMING EMPLOYEE REGISTRATION LICENSEE REPRESENTATIVE REGISTRATION

(Please Print Clearly)

LOCATION INFORMATION:

Location Name			
	<i>(business or casino name)</i>		
Location Address			
	<i>(mailing address)</i>	<i>(city)</i>	<i>(zip)</i>
Department Name		Work Email	
Department Contact		Work Phone	

REPRESENTATIVE INFORMATION:

Name			
	<i>(last)</i>	<i>(first)</i>	<i>(middle)</i>
Sex		Birth Date	Social Security
	<i>(M or F)</i>	<i>(mm - dd - yyyy)</i>	
Home Address			
	<i>(street)</i>	<i>(city)</i>	<i>(zip)</i>
Work Email		Work Phone	
Position Title		Home Phone	

I have read and understand Gaming Regulation 5.100 to 5.109, as it pertains to the Employee Registration Program, which delineates my responsibility regarding the use of the Gaming Control Board Employee Registration System of Records, and I agree to be bound by its contents.

Date: _____ Representative's Signature: _____

Supervisor: _____ Position Title: _____

Supervisor Email Address: _____

Date: _____ Supervisor's Signature: _____

ENF-50 (2/28/07)

For GCB Use Only: User Name _____ Password: _____

Date Issued: _____ Issued by: _____

Date Deactivated: _____ Deactivated by: _____