DATE

APPLICATION FOR REPLACEMENT WORK PERMIT BADGE

BGC 026 (Rev. 07/2017)



PRINTED NAME

PLEASE SEND COMPLETED APPLICATIONS TO:

Bureau of Gambling Control P. O. Box 168024 Sacramento, CA 95816-8024

Please read the instructions on this form. This application is only used for the badge replacement of valid work permits issued by the California Gambling Control Commission as provided in California Code of Regulations Title 4, Section 12120. Work permits issued by a local jurisdiction licensing authority may not be transferred. Type or print legibly in ink an answer for each question. If a question does not apply to you, please indicate with "N/A." Do not misstate on omit any material fact(s) as each statement made herein is subject to verification. Any corrections, changes, or other substitutions must be initialed and dated by the applicant.

PLEASE TYPE OR PRINT ALL INFORMATION			
		WORK PERMIT NUMBER	
-MAIL ADDRESS (Optional)		DATE OF BIRTH	
WORK PERMIT			
work permit badge to the fo	ollowing gambli	ng establishment:	
FAX NUMBER (If Any)		E-MAIL ADDRESS (If Any)	
ler the laws of the State o		nat the foregoing is true and	correct.
	DATE		
	DATE		
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SIGNATURE

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INSTRUCTIONS FOR APPLICATION FOR REPLACEMENT WORK PERMT BADGE

The Gambling Control Act requires that all individuals who are employed as gambling enterprise employees hold a valid work permit. An application for transfer of work permit (BGC-026 (Rev. 07/2017)) shall be made to the Bureau of Gambling Control (Bureau) when a work permit holder has obtained his or her work permit from the Bureau because the local licensing authority does not have a work permit process in place, or is not required by the local licensing authority of a city, county, or city and county.

This application is used only for the replacement of valid work permits issued by the Commission. All individuals applying to replace a work permit must complete and submit the following:

- 1. Application for Transfer of Work Permit (BGC-026 (Rev. 07/2017)) signed by the applicant and by the owner/hiring agent/designated agent of the gambling establishment.
- 2. A 2X2 passport-style color photograph taken within the last 30 days.
- 3. A photocopy of your current California Driver's License or California Identification Card.
- 4. A photocopy of your current work permit.
- 5. A non-refundable \$25.00 transfer application fee. Checks should be made payable to the **Bureau of Gambling Control.**

The application for transfer can be mailed to:

For Regular Mail Delivery: Bureau of Gambling Control P. O. Box 168024 Sacramento, CA 95816-8024 For Commercial/Personal Delivery: Bureau of Gambling Control 2345 Del Paso Road, Suite 100 Sacramento, CA 95820

By submitting this application, applicants understand that they are seeking the granting of a privilege and acknowledge that the burden of proving their qualifications for a favorable determination is at all times on them.

The applicant accepts any risk of adverse public notice, embarrassment, criticism, or other action or financial loss that may result from action with respect to the submitted application.

Any questions regarding the process of transferring a work permit may be directed to the Bureau at the above address or by telephone at (916) 830-1700. You may also find forms and other useful information by accessing the Bureau's website at www.oag.ca.gov/gambling.