NOTIFICATION OF CHANGE IN KEY EMPLOYEE EMPLOYMENT STATUS

BGC 033 (Rev. 04/2013)

PLEASE SEND COMPLETED APPLICATIONS TO:
Bureau of Gambling Control
P. O. Box 168024
Sacramento, CA 95816-8024

Print Form | Save Form | Reset Form

Pursuant to Business and Professions Code section 19854, a key employee license entitles the holder to work as a key employee in any key employee position at any gambling establishment. The submission of the information below to the Bureau of Gambling Control is required pursuant to Title 4 of the California Code of Regulations Section 12352.

Instructions: Type or print legibly, in ink, all information requested on this application. Applications not fully and accurately completed will be returned. Send the completed request to: Bureau of Gambling Control, P.O. Box 168024, Sacramento, CA 95816-8024.

SECTION 1 - LICENSEE INFORMATION

Licensee's Last Name	First Name	Middle Initial

Residence Address	License Number

Mailing Address (*If different than above)*

SECTION 2 - EMPLOYMENT STATUS INFORMATION

1) Please mark the appropriate box below regarding your *current* employment status.

☐ I am not working as a key employee at this time.

☐ On _____ I accepted employment by _____
Date — Name of Gambling Establishment

☐ I am also currently employed by _____
Name of Gambling Establishment

Description of Job Duties (*For employment at new Gambling Establishment)*

2) Please mark the appropriate box below regarding your *prior* employment status.

☐ My employment with _____ terminated on: _____
Name of Gambling Establishment — Date

☐ I have not been working as a key employee since last submitting a notification.

SECTION 3 - DECLARATION / SIGNATURE

I declare under penalty of perjury under the laws of the State of California that I have personally completed this form and know that the contents thereof, and the information contained herein, including all corrections, changes and other alterations, is true, accurate, and complete.

Signature of Key Employee	Job Title	Date

To be completed by the current gambling enterprise employer representative (if applicable).
I declare that the above key employee has been offered a position under my employ and I have authorized his/her employment application

Signature of Employer Representative	Printed Name

Job Title	Date