

**CHANGE IN STATUS FORM FOR A GAMBLING BUSINESS REGISTRATION OR LICENSE**

BGC 541 (Rev. 10/2017)



Bureau of Gambling Control  
 P. O. Box 168024  
 Sacramento, CA 95816-8024  
 (916) 830-1700

When a registrant or licensee's employment status or affiliation with a primary owner ceases to exist, the registrant/licensee must surrender his or her badge to the primary owner. The primary owner's designated officer must notify the Bureau of Gambling Control of the change in the registrant or licensee's status within 10 days of the change by completing and submitting this form. Additionally, any badge that is received by a primary owner under these circumstances shall be returned to the Commission within 10 days of receipt.

Type or print (in ink) all information requested on this application form. If additional space is needed, please note response on a separate sheet of paper and attach to the application.

**SECTION 1: PRIMARY OWNER INFORMATION**

Name of Primary Owner:

**SECTION 2: REGISTRATION/LICENSEE INFORMATION**

Name of Registrant or Licensee:

Badge Enclosed?

 YES NO

If NO, reason why:

Gambling Business Badge #:

Date of Change in Status:

**SECTION 3: CHANGE OF EMPLOYMENT STATUS INFORMATION**

Reason for disassociation with primary owner: (Mark One)

 Terminated Resigned Affiliation Ceased Other:**SECTION 4: DECLARATION**

I declare under penalty of perjury under the laws of the State of California that the foregoing information, and all information submitted with this form is true, correct, and complete.

Designated Officer Signature:

Date:

Designated Officer Name (Print):