APPLICATION FOR INTERIM WORK PERMIT FOR REMOTE CALLER BINGO

BGC 622 (Rev. 04/2013)

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

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Pursuant to California Code of Regulations, Title 4, Section 12503 and California Penal Code section 326.3(r) any person who conducts remote caller bingo and is paid a fee for performing any administrative, managerial, technical, financial, or security duties shall apply for, obtain, and maintain a valid interim work permit.

Instructions:
Type or print legibly, in ink, all information requested on this application. If a question does not apply, write "N/A" (Not applicable). Incomplete applications will be returned. You must provide truthful information in all your responses. All answers to questions in this application and on all supplemental documentation will be subject to verification. Any misrepresentation or failure to disclose information may constitute sufficient cause for denial or revocation of your remote caller bingo interim work permit.

Send the completed application package with required fees (listed below) to: Bureau of Gambling Control, P. O. Box 168024, Sacramento, CA 95816-8024. Please make all checks payable to the Bureau of Gambling Control.

SECTION 1 - REMOTE CALLER BINGO INTERIM WORK PERMIT

Name of Applicant	Name of Authorized Organization or Vendor

☐ **Initial Interim Work Permit: $50.00** (non-refundable fee, per application)

Fingerprints must be submitted via Live Scan as follows:

1) Locate and call a Live Scan provider. Determine if an appointment is required and the preferred method of payment (e.g., cash, cashier's check, etc.). Applicants must pay the cost associated with the processing and transmitting of his/her fingerprints directly to the agency providing the service. Fees vary by provider.

2) Take the Request for Live Scan Service, BCII 8016 form to a Live Scan provider. The provider will process the fingerprints via Live Scan.

3) After the fingerprints have been taken, attach a copy of the Request for Live Scan Service form to this application confirming that fingerprints have been submitted.

☐ **Renewal Interim Work Permit: $50.00** (non-refundable fee, per application)

SECTION 2 - EMPLOYMENT DUTIES

Indicate your association with the authorized organization or vendor. (Check all that apply)

☐ Employee ☐ Member ☐ Other: _____

Indicate category of employment duties. (Check all that apply)

☐ Administrative ☐ Managerial ☐ Technical

☐ Financial ☐ Security

Provide a brief description of your duties relating to the conduct of remote caller bingo operations:

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SECTION 3a - APPLICANT INFORMATION

Applicant's Full Name		
Other names you have used or been known by (aliases, maiden name, nicknames, other name changes, legal or otherwise)		
*Residence Address		
*Mailing Address, if different than above		
Home Phone Number	Work Phone Number	Cell Phone Number
E-mail Address (if any)		
Birthdate (mm/dd/yyyy)	Gender ☐ Male ☐ Female	**Social Security Number

SECTION 3b - GENERAL APPLICANT INFORMATION

If you answer "yes" to any of the questions, provide an explanation on a separate sheet of paper.
If this is an application for renewal, you are only required to provide information not previously disclosed.

1. Have you been issued a gaming license, certificate, permit, etc. by any tribal, county, city, state, federal, or international agency? If yes, attach a listing of the gaming agency name, issue date and expiration date	☐ YES	☐ NO
2. Have you ever been convicted of any crime (misdemeanor or felony), including convictions which you pled "no contest' or "nolo Contendre?" If yes, provide the following information for each conviction: a. Date of Conviction b. Crime convicted of c. Court location (city and state) d. Penalty received	☐ YES	☐ NO

SECTION 4 - AUTHORIZED REPRESENTATIVE INFORMATION

Complete this section *only* if you choose to designate someone to represent you concerning your application or other matters regarding licensure

Representative Name		
☐ Attorney ☐ Employee	☐ Other: _____	
Business Name (if applicable)		E-mail Address (if any)
Mailing Address		
Telephone Number	Cell Phone Number (if any)	Fax Number

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SECTION 5 - CERTIFICATION / SIGNATURE

I certify under penalty of perjury under the laws of the State of California that I have personally completed this form and know its contents, the information contained herein and in any attachments, is true, accurate, and complete. I also understand that approval of an interim work permit is subject to the following conditions:

(1) An interim work permit shall be valid for one year from the date it is issued by the Commission and may be renewed if regulations specifying the criteria for a regular work permit have not been adopted.

(2) Upon adoption of regulations specifying the criteria for a regular work permit, the Commission will notify the holder of the interim work permit of the requirement to submit a regular application package within 30 days of the effective date of the regulations. If a response has not been received within 30 days, the interim work permit will not be eligible for renewal.

(3) An interim work permit does not obligate the Commission to issue a regular work permit nor does it create a vested right in the holder to either a renewal of the interim work permit or the granting of a subsequent regular work permit.

(4) Issuance of an interim work permit has no bearing on the question of whether the holder will qualify for issuance of any Commission permit, registration, or license. The interim work permit will be canceled in the event that the Commission subsequently determines that the applicant does not qualify for a regular work permit.

(5) If, during the term of an interim work permit, it is determined that the holder is disqualified pursuant to Section 12504, the Executive Director shall prepare an order to show cause why that work permit should not be canceled. The holder of the interim work permit shall be given at least 30 days, but not more than 90 days, to respond in writing. After receipt of the holder's response, or if the holder fails to respond in the time specified, the matter shall be set for consideration at a noticed Commission meeting. The holder may address the Commission by way of an oral statement at the Commission meeting and, either in writing not less than ten days prior to the meeting or at the meeting itself, may request an evidentiary hearing.

Signature	Date

*You must provide your residence address to the Bureau. Unless a separate mailing address is provided, the Bureau will mail all correspondence to your residence address. Your residence address will not be displayed on the Bureau's website and will not be provided to the public as a result of a request pursuant to the Public Records Act (Government Code section 6250 et seq.) or Business and Professions Code section 19821(b).

**Disclosure of your U.S. social security number is mandatory. Business and Professions Code section 30 and Public Law 94-455 (42 USC section 405(c)(2)(C)) authorize collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Family Code section 17520 or for verification of licensure. If you fail to disclose your social security number, your application will not be processed and you will be reported to the Franchise Tax Board, which may assess a $100 penalty against you.

Effective July 1, 2012, the California Gambling Control Commission is required to deny an application and to suspend the license/registration/permit/approval of any applicant or licensee who has outstanding state tax obligations and appears on either the Franchise Tax Board's or Board of Equalization's certified list of the top 500 tax delinquencies over $100,000 (Business and Professions Code section 494.5).