

APPLICATION FOR FINDING OF SUITABILITY TRIBAL KEY EMPLOYEE



State of California
 Bureau of Gambling Control
 P. O. Box 168024
 Sacramento, CA 95816-8024
 (916) 227-3584 / Fax: (916) 227-2308

Designated applicants for licensure as a Gaming Employee (other than a non-key Gaming Employee) are required by the Tribal-State Gaming Compact between the employer Tribe and the State of California to apply to the State Gaming Agency for a determination of suitability for licensure. The State Gaming Agency consists of the California Gambling Control Commission and the Bureau of Gambling Control of the California Department of Justice, which are entities of the State of California and not of the Tribe. The purpose of this application is to obtain information from you that is necessary to determine whether you meet suitability requirements for licensure under state law. By completing this application you are providing information to the State Gaming Agency that will be used to make that determination.

You must provide truthful information in all your responses in this application. If a question does not apply to you, write "N/A" (Not Applicable). Applications not fully and accurately completed will be returned to the sender for completion. Please check only one box, indicating if you are applying for an initial or renewal application.

The completed application should be mailed to the Bureau of Gambling Control at P. O. Box 168024, Sacramento, CA 95816-8024

<input type="checkbox"/> INITIAL (ATTACH A COMPLETED TRIBAL KEY EMPLOYEE SUPPLEMENTAL BACKGROUND INVESTIGATION INFORMATION PACKET - BGC-TBL-001)		
<input type="checkbox"/> RENEWAL		
Your Full Name		
Other Names you have used or been known by (Aliases, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)		
*Address of Record		
Residence Address, If Different From Above		
Phone Number	Fax Number	Cell Number
Birthdate	**Social Security Number	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Name of Tribal Casino	Name of Tribe	
Job Title	Tribal Gaming Agency License Expiration Date	

*Once the Commission has found you suitable, the address of record you enter on this application is considered public information pursuant to the Information Practices Act (Civil Code section 1798 et seq.) and the Public Record Act (Government Code section 6250) et seq.) and will be placed on the Internet. The Commission will mail all correspondence to this address. If you do not wish your residence address to be available to the public, you may provide a post office box number or a personal mail box (PMB). However, if your address of record is not your residence address, you must also provide your residence address to the Commission, in which case your residence will not be available to the public.

**Disclosure of your U.S. social security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USC section 405(c)(2)(C)) authorizes 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 be considered incomplete.

DECLARATION

I declare under penalty of perjury of 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, and that this declaration is executed by me at _____ on _____.

Signature in Full	Date
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Privacy Notice

As Required by Civil Code § 1798.17

The Bureau of Gambling Control (Bureau) in the Department of Justice collects the information requested on this form as authorized by California Business and Professions (B&P) Code section 19826(a). The Bureau uses this information to establish grounds for the license, permit or other approval indicated on this application form. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The Department of Justice general privacy policy is available at <http://oag.ca.gov/privacy-policy>.

All the personal information requested in this form must be provided. If you do not provide this information, your application will be denied.

You may review the records maintained by the Bureau in the Department of Justice that contain your personal information as permitted by the Information Practices Act. (See below for contact information.)

In order to process your application, we may need to share the information you give us with law enforcement or regulatory agencies for investigating unlawful activity, or for licensing or regulatory purposes.

The information you provide may also be disclosed in the following circumstances:

- In response to a Public Records Act request, as allowed by the Information Practices Act;
- To another government agency as required by state or federal law;
- In response to a court or administrative order, a subpoena, or a search warrant.

For questions about this notice or access to your records, you may contact the Department of Justice, Bureau of Gambling Control, at P. O. Box 168024, Sacramento, CA 95816-8024 or e-mail at GamblingControl@doj.ca.gov.