LAST NAME	FIRST NAME	MIDDLE NAME			
SOCIAL SECURITY NUMBER	COMPANY NAME				
GAMING LICENSE NUMBER	DOB	RECEIVED BY			

## **INSTRUCTIONS**

This form must be completed promptly (within 10 days maximum) if there is an addition or change in your response to any question in your original application.

This form may be typed or completed with a ball-point pen if all information is printed in capital letters except in the "signature block".

More than one change may be made as indicated on this form. Very often one change is interrelated with another i.e., a change in marital status may necessitate changes in name or an address change may be associated with separation from a spouse.

It is the submitting employee's responsibility to make the changes, to present this form in a legible and concise manner and to attach the appropriate completed form(s) when applicable (a brief explanation is often imperative), and deliver it to the appropriate Gaming Commission Office.

List any arrests, convictions, detentions, charges, indictments, pleas of guilty or *nolo contendere*, *or* forfeited bail concerning any criminal offense, either felony or misdemeanor in any state or foreign country, since your original application.

**✓ PLEASE INDICATE CHANGE (S) BEING MADE ON THIS FORM** 

TEASE INDICATE CHANGE (S) BEING MADE ON THIS FORM								
☐ Name Change	☐ Address Change		☐ Marital Status		□ Lawsuit			
☐ Arrests/Charges/Convictions	☐ Bank Account Information		☐ Job Change		□ Other			
NAME CHANGE								
NEW NAME LAST	FIRST		MI	REASON FO	R CHANGE			
	ADDRESS/TEL	EPHONE N	UMBER					
STREET ADDRESS, SUITE NO., ETC PO BOX								
CITY	STATE	ZIP CODE		COUNTY				
HOME PHONE NUMBER		MOBILE PHONE NUMBER		R		EFFECTIVE DATE		
MARITAL STATUS								
CURRENT STATUS	SPOUSE'S NAME		SPOUSE'S	BIRTHDATE	SPOUSE'S	S WORK PHONE #		
□ Single	N/A		N	N/A		N/A		
	IV/A		IVA		1975			
☐ Married								
☐ Legally Separated								
☐ Divorced								
☐ Widow/Widower			N/A		N/A			
DATE OF CHANGE								
AUTHORIZATION (EMPLOYEE'S SIGNATU	RE):	DATE:						

	ARRESTS, CE	HARGES, CON						
NATURE OF CHARGE NAME AND LOCATION OF COURT INVOLVED								
DISPOSITION		DATE OF DIS	SPOSITION	SENTENCE				
		LAWSUIT	a					
NAME AND ADDRESS OF COURT		LAWSUIT	3	DATE FILED DOCKET NUMBER				
THE THE PERSON OF COURT								
OTHER PARTIES TO SUIT		NATURE OF S	SUIT					
DISPOSITION					DATE OF DISPOSITION			
	BANK AC	CCOUNTS/SAI	FE DEPOSIT	S				
NAME AND ADDRESS OF BANK			NAME (S) OF	N THE ACCOUNT OR SA	FE DEPOSIT			
TYPE (SAVINGS ACCOUNT, CHECKING ACCOU	NT, SAFE DEP	POSIT, ETC.)	ACCOUNT N	NUMBER OR SAFE DEPOSIT BOX NUMBER				
JOB CHANGE/PROMOTION								
DEPARTMENT		JOB TITLE	2	В	ADGE COLOR			
DATE OF CHANGE:				<b>-</b>				
ADDITIONAL INFORMATION								
		101111211110						
AUTHORIZATION (EMPLOYEE'S SIGNATURE)	IIDE).				DATE:			
AUTHORIZATION (EMPLOTEE S SIGNAT)	UKE):				DATE			