



Missouri List of Disassociated Persons Request for Removal

(also known as the Voluntary Self-Exclusion Program)

For MGC Office Use Only:

VCode: _____

Eligible (>5yrs): Yes No

Instructions - Read carefully

- Read each section of this form, the voluntary self-exclusion program rules (11 CSR 45-17), and the attached removal guidelines carefully before completing.
- Print legibly in blue or black ink.
- Include a (clear/legible) copy of a valid driver's license or other government-issued photo identification card.

Important Notice

Pursuant to 11 CSR 45-17.060, at any time at least five years after his or her placement on Missouri's List of Disassociated Persons ("List"), a person may request removal of his or her name from the List. A person making a request for removal must do so in writing, by properly completing this form, and submitting it to the Missouri Gaming Commission, Attn: DAP, PO Box 1847, Jefferson City, MO 65102.

Section 1: Personal Information

- 1 I read and understand English
 An interpreter read and explained this form to me
(Complete the "Interpreter Information & Affirmation" form)

2 VCode (if known): _____

3 Full legal name of individual requesting removal from List of Disassociated Persons:

First: _____

Middle: _____

Last: _____

Suffix: Jr. Sr. II III IV

4 Other names/alias/nicknames/maiden name used:

_____	_____	_____
First name	Middle	Last name

_____	_____	_____
First name	Middle	Last name

5 Gender: Male Female

6 Date of birth: (MM / DD / YYYY): _____

7 Driver's License / ID Card: (Attach a photocopy)

ID Number: _____

Type: Driver's License State ID Passport
 Military ID Naturalization Card

Exp. Date (MM / DD / YYYY): _____

8 SSN: (OR Other Taxpayer Identification Number)

Social Security # (SSN): _____

- or -

International ID # : _____
(non-US ID)

In accordance with Section 5 of the Privacy Act, 7 U.S.C. 522a, disclosure of your Social Security Number ("SSN") to the MGC is voluntary. Failure to provide your SSN is not grounds for denial of your request for removal from the List of Disassociated Persons; however, omission of your SSN may increase processing time. If provided, your SSN may be disclosed to appropriate personnel of MGC and Missouri licensed casinos to enforce rules of 11 CSR 45.

9 Address: _____

County of Residence

Street, Apt. / PO Box

City State

Country / Province Zip / Postal Code

10 Telephone Number(s):

Primary Phone _____

Cell Phone _____

Home Phone _____

Work Phone _____

11 E-mail Address: _____

Section 2: Acknowledgement

I certify that the information I have provided above is true and accurate. I am aware my signature below constitutes a revocation of my previous placement on the List of Disassociated Persons, and I authorize the commission to permit all Missouri Class B Licensees (casinos) or other facilities under the jurisdiction of the commission to reinstate my gaming privileges. I accept full responsibility for any adverse consequences which may result from removing my name from the List of Disassociated Persons. I am aware each licensee may choose to reinstate my privileges or maintain my evicted status at its sole discretion. I understand if a licensee chooses to maintain my evicted status, it is my responsibility to contact the property directly, by mail or telephone, to discuss the possibility of reinstatement.

I am aware my removal from the List of Disassociated Persons will not be effective until I have received written notification of removal from the List from the Missouri Gaming Commission, which may take 60 days or more to process.

Signature of Disassociated Person requesting removal

Date

DAP FORM: REM_APPL 1.1-201203

REM_APPL as drafted 31 March 2012

