Maryland Lottery &



Gaming Control Agency

Transfer/Rehire Request Form

Last Name:	First Name:		License Number:
Current/Prior Facility:	Current/F	Prior Position	n:
New Facility/Transferring To:	New Pos	ition:	
Effective Date of Transfer/Rehire			
Rehire:	YES	NO	
Employee Fingerprinted:	YES	NO	
Who Has Possession Of License:			
New License Requested:	YES	NO	
Will this employee be working at r YES NO	multiple locations:		If Yes, which locations
Human Resources Authorization:		Date:	
COMPLETED BY MLGCA OFFICE			
Date Form Received			
Applicant ID #		Case ID #	
Date Fingerprinted		Check if N/	'A N/A
Replacement License Issued	YES	NO	
CCU and MD Judiciary Verified	YES	NO	
Approved By:		DA	TE

AUTHORIZATION FOR RELEASE OF INFORMATION

TO: ______(To be filled-in by Commission)

FROM: ______(Applicant's Printed Name)

I am an applicant for a video lottery employee license in the State of Maryland.

The Maryland State Lottery Commission is required by law to conduct an investigation of an applicant for a video lottery employee license. That investigation requires the Commission to collect and evaluate information about me. I irrevocably give consent to the Maryland State Lottery Commission, the Video Lottery Facility Location Commission, the Maryland State Police, and persons authorized by the Commission, to: (1) verify all information provided in the license application documents; (2) conduct a background investigation of me; and (3) to have access to any and all information that I have provided to any other jurisdiction seeking a similar license in that jurisdiction, as well as the information obtained by that other jurisdiction during the course of any investigation that it may have conducted about me.

By executing this Authorization, I authorize any: local, State or federal government unit; commercial or business enterprise; non-profit entity; individual; or any other public or private entity, to release to the Commission any and all information about me that the Commission requests. The requested information may be released in written, verbal, electronic, or any other form.

With respect to any claims or liability arising from the release of the requested information to the Commission, I expressly waive, release, discharge and forever hold harmless and agree to indemnify, the unit, entity, or individual that releases information to the Commission under the authority of this Authorization.

A photo, facsimile, or electronic copy of this signed and dated Authorization shall be equally effective as an original.

Signature of Applicant

Print Name of Applicant

NOTARY

The undersigned, a Notary Public in and for the County of , in the State of _____, certifies that the above named individual appeared in person, and before me, either known to me or satisfactorily proven to be the individual whose name subscribed to the within instrument and signed the Authorization and Notification.

This ______ day of ______, 20____, and to which witness my hand and seal.

Stamp or Seal

My commission expires _____, 20____

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Date

Notary Public

Printed Name

CERTIFICATION OF SPONSORED LICENSEE

Purpose: A Maryland video lottery operator, manufacturer or contractor licensee may sponsor an individual to whom it has made at least a conditional offer of employment and apply for a sponsored license for that individual. A sponsored license provides the license necessary to permit an individual to legally work as a video lottery employee, after meeting certain basic criteria, until the Commission completes the individual's background investigation. As a prerequisite to a sponsored license, the sponsored licensee must make certain representations to the Commission regarding its due diligence background investigation and the individual's employment status, and must provide supporting documentation with the application.

Certification

- 1. I, ______(printed name) am authorized to execute this Certification on behalf of ______(name of video lottery licensee) and to make the representations on this form.
- 2. _____ (name of video lottery licensee) has made ______ (individual applicant) at least a conditional offer of employment..
- 3. ______ (name of video lottery licensee) has investigated the background and qualifications of _______ (individual applicant). That investigation included a minimum of a (1) Social Security data base verification, (2) criminal history check, (3) employment verification and (4) a national data base search. Documentation supporting this investigation is included with this application.
- 4. As a video lottery licensee, _______(video lottery licensee) understands that it has an affirmative duty to avoid hiring employees whose conduct may jeopardize the public health, safety, morals, good order and general welfare of the people of the State of Maryland, threaten or discredit the integrity of gaming in Maryland, or would otherwise discredit or impugn the State of Maryland.
- 5. If the investigation performed does not indicate that ______(individual applicant) is ineligible for a video lottery employee license under the requirements of applicable provisions of State Government Article, § 9-1A and the Code of Maryland Regulations (COMAR) or is otherwise disqualified for a video lottery employee license, the sponsored license automatically converts to a gaming employee license when the Commission notifies the sponsoring employer that the individual is qualified..
- 6. _____ (video lottery licensee) has obtained a bond for the individual as required under COMAR 14.01.10.14. Documentation verifying the satisfaction of this bond requirement is included with this application.
- 7. I understand that the Commission will perform a preliminary and full background investigation of the individual applicant. I further understand that should the Commission determine that the applicant employee does not qualify for a video lottery employee license, any sponsored employee license that has been issued by the Commission will become the subject of license revocation proceedings.

Name of video lottery licensee

Date

Printed name of individual who completed this form

Title of Individual who completed this form

Signature of individual who completed this form

NOTARY

The undersigned, a Notary Public in and for the County of ______, in the State of ______, certifies that the above named individuals appeared in person, and before me, either known to me or satisfactorily proven to be the individuals whose name subscribed to the within instrument and signed the Authorization and Notification.

This day of, 20, and to which whiles his hand and s	This	day of	, 20	, and to which witness my hand and se
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Stamp or Seal

Notary Public

Printed Name

My commission expires	, 20
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CERTIFICATION OF BUSINESS RELATIONSHIP

LICENSEE: _____

APPLICANT: ________(Applicant's Printed Name)

I,	(printed name), am authorized to complete and execute
Business Agreements on behalf of	(Licensee Name). The applicant
listed above has received at least a conditional of	ffer of employment from the Licensee. The Applicant will
have the following job description:	

Signature of Licensee Representative (If electronic no signature required)

Printed Name

NOTARY

The undersigned, a Notary Public in and for the County of ______, in the State of ______, certifies that the above named individual appeared in person, and before me, either known to me or satisfactorily proven to be the individual whose name subscribed to the within instrument and signed the Authorization and Notification.

This ______ day of ______, 20____, and to which witness my hand and seal.

Stamp or Seal

Notary Public

Printed Name

My Commission expires_____, 20_____

*NOTE: If Application is filed electronically, through the licensee facility directly to LOTTERY, notarization is not required.

Date

Title