



Lottery and Gaming Control Commission

1800 Washington Boulevard, Suite 330, Baltimore, MD 21230

Gaming Employee License Form 2001

Applicant: _____

The Gaming Employee License Form 2001 is no longer accepted via paper format and is provided for reference purposes only. All Temporary Gaming Employee License applications must be submitted via MLGCA's online eLicensing System.

**MARYLAND LOTTERY AND GAMING CONTROL COMMISSION
GAMING EMPLOYEE LICENSE APPLICATION**

I. INDIVIDUALS REQUIRED TO OBTAIN A VIDEO LOTTERY GAMING EMPLOYEE LICENSE:

- a. This application **must** be completed by an individual who has received at least a conditional offer of employment from a licensed facility operator, manufacturer, or contractor as a video lottery employee COMAR 36.03.02.12B(7), and COMAR 36.03.01.02(11):
- b. "Gaming employee" means an individual who:
- i. Is or is seeking to be employed by an applicant for or holder of an operation license, whose duties relate or will relate to the operation of a facility, and who performs or supervises or will perform or supervise the performance of:
 - 1. Operating, servicing, or maintaining a video lottery terminal, table game or associated equipment;
 - 2. Accounting, maintaining, or auditing a facility's financial records;
 - 3. Counting or processing video lottery terminal or table game revenue;
 - 4. Conducting security or surveillance in or around a facility; or
 - 5. Operating or maintaining a facility's information systems;
 - ii. Is employed by a contractor or manufacturer, whose duties directly relate to the repair, service or distribution of a video lottery terminal, table game or associated equipment, or is otherwise required to be present on the gaming floor or in a restricted area of the facility;
 - iii. Is employed by a contractor as a junket representative.
 - iv. Is otherwise required by the Commission to be licensed as a gaming employee.

Examples of gaming employees may include, but are not limited to: booth operators, slot machine mechanics, count room employee, cage employee, security and surveillance personnel, auditing and accounting employees, or information technology employees.

- c. An individual who is employed by licensee described above whose duties will be other than the duties described in (b) above are **not required** to obtain a gaming employee license. Those individuals are required to obtain a non-gaming license.

II. COMPLETING THIS FORM:**Sponsoring Licensee's Responsibilities**

- a. This form is to be used **only** when a holder of a Maryland Video Lottery Operator, Manufacturer, Contractor Gaming License or Vendor Registered or Certified (sponsored licensee) makes application for an employee applicant who has been offered a position within the sponsored licensee business.
- b. The form will be filled out by the applicant employee **not** the sponsored licensee.
- c. The sponsored licensee is responsible for ensuring that the following completed documents are uploaded into the applicant's Application Checklist within the MLGCA's eLicensing system prior to application submittal to MLGCA:
 - 1. Authorization and Disclosure form
 - 2. Authorization For Release of Information form
 - 3. Affidavit of Individual Applicant form
 - 4. Due Diligence Background Investigation
 - 5. If the applicant is not a citizen of the United States or a Naturalized United States citizen, the sponsored licensee is responsible for uploading into the applicant's Checklist within MLGCA's online eLicensing system, a color copy of the applicant's naturalization or authorization to be employed documents, front and back, and any other documentation of authorization to be employed in the United States.
 - 6. Copy of birth certificate.
 - 7. Copy of Passport (If Applicable).
 - 8. Copy of driver's license or State ID card, front and back.
 - 9. Official copy of driving record(s) from any State in which was licensed.
 - 10. Copy Social Security or Social Insurance Card.
 - 11. If applicant attended college, provide a certified copy of college transcript(s). College transcripts must be received in the institution(s) original envelope, unopened. (Original document, mail only). It is preferred that you request the institution(s) mail the transcript(s) directly to the MLGCA investigator. If you have not attended college, provide an official high school transcript, copy of your high school diploma, or a copy of your G.E.D. certificate. Only provide the highest achieved.
 - 12. Request for Military Records, Form 180, completed & signed (If Applicable).
 - 13. Copy of any gaming licenses held now or have held in the past and documents relative to any sanctions, fines or suspension.
 - 14. One or two paragraph summary of all litigation during the past fifteen years, which should include, docket number, court information regarding the cause of action, named litigants, copy of complaint, disposition or current status if pending.
 - 15. Personal Reference Form – Entire form MUST be completed.

Once these aforementioned documents have been uploaded into the applicant's Checklist within MLGCA's online eLicensing system, the original completed paper forms or color

copied authorization documents must be delivered to MLGCA's Casino Licensing and Background Investigation Division after the Sponsored Licensee submits the online MLGCA online eLicensing application.

- d. The form must be submitted to the Commission by the Sponsored Licensee not the applicant employee.**

Applicant Employee's Responsibilities

- a. You are to complete this form and submit it to the sponsored licensee for submission to the Commission.
- b. You must make accurate statements and include all material facts. **Any misrepresentation, or the failure to provide requested information, may result in the denial of your application.**
- c. Read each question carefully prior to answering. Answer every question completely. Do not leave blank spaces. If a question does not apply to you or you have nothing to disclose, indicate **"Does Not Apply"** in response to that question. Failure to provide a response to every question could result in the denial of your application.
- d. If the space available is insufficient to respond to a question, supply the required information on an attachment page and clearly identify which question you are answering and provide the document to your Human Resource or Licensing staff to upload into your application in MLGCA's eLicensing system.
- e. If you make any modification to the pre-printed questions or information contained in this form, your application may be denied. Once your application is submitted, it becomes the property of the Maryland Lottery and Gaming Control Agency and **will not** be returned.
- f. The applicant is responsible for submitting those items listed in the Required Documents Notice (pp 24 – 28) to your Human Resource staff or Licensing staff that is handling your application process to be uploaded with your application into the MLGCA eLicensing system.
- g. Once your application has been submitted to the Commission, you must fully cooperate with your Licensing Specialist. If your action or inaction hinders your Licensing Specialist from completing your background investigation, your Gaming Employee License application may result in a recommendation for denial and subsequent disqualification. This would mean you **immediately** lose your ability to work where a Maryland gaming license is required.

III. BE SURE:

- a. You sign the Acknowledgement and Disclosure, as well as the Acknowledgement of Temporary License, the Authorization for Release of Information and the Affidavit of Individual Applicant at the end of this form in the presence of a notary.
- b. You retain a completed copy of your application for your own records.

IV. PHOTOGRAPH AND FINGERPRINTS

When you submit your application, you will be required to have your photograph taken and submit fingerprints.

Out-of-State Applicants

- a. Out-of-State applicants must provide a passport style jpeg photograph, which must be uploaded into their Applicant Information page within the MLGCA eLicensing system.
- b. Out-of-State applicants must provide two fingerprint cards, one Maryland fingerprint card and one FBI fingerprint card. The inked fingerprints on these fingerprint cards must have been taken within the prior 60 days of receipt at MLGCA. Any fingerprint cards received older than 60 days will be rejected and new fingerprint cards requested.

In-State Applicants

- a. In-State applicants will be photographed by MLGCA Casino Compliance personnel when LiveScan fingerprinted.
- b. In-State applicants must be LiveScan fingerprinted at any one of the six current Maryland casino locations by one of MLGCA Casino Compliance personnel. It is the responsibility of the sponsoring licensee to contact a MLGCA Casino Compliance office and schedule the LiveScan fingerprinting. It is the responsibility of the applicant to complete a LiveScan Registration form via MLGCA's eLicensing system. The applicant's completed LiveScan Registration form must be presented to MLGCA Casino Compliance personnel at the time of their LiveScan fingerprinting appointment.

V. NOTICES

- a. A Maryland gaming license is a privilege. The burden of proving and maintaining qualifications to receive and hold a gaming employee license is always on the applicant.
- b. Any false statement made in this application, or omission of required information, will reflect negatively on your character and may result in the denial of your application. If you receive a license based on a false statement or an omission, the Commission may revoke or suspend your license.
- c. Your ability to obtain or maintain a gaming license in another jurisdiction may be negatively impacted if: (1) the Commission denies your license application; or (2) after

you are licensed in Maryland, the Commission takes adverse action against your license.

- d. An application for a video lottery employee license may be withdrawn if the: (1) Applicant submits a written request to the Commission to withdraw the application; and (2) Written request is submitted before the Commission has denied the application. COMAR 36.03.02.01C(6).

NOTE: A Gaming Employee License application that has been submitted and accepted for filing and all related materials submitted to the Commission shall become property of the Commission and will not be returned to the applicant.

APPLICATION AND LICENSURE FEES

1. Application fee.....	\$ 250.00
2. License fee.....	\$ 150.00
3. Fingerprint processing fee.....	\$ 37.25

Total fee required at application \$ 437.25

NOTE: License, Application & Fingerprint processing fees are due at the time of application. They are non-refundable. You may wire transfer your payment or mail it to the following address:

Payment form: MUST be sent as a certified/bank check or money order.

Mail payment and application documents together to:

Maryland Lottery and Gaming Control Agency
Attn: Casino Licensing and Background Investigation Division, Licensing Director
1800 Washington Blvd, Suite 330
Baltimore, Maryland 21230

Instructions for wire payment:

Wire payment to:

1. Maryland Lottery and Gaming Control Agency Account Number: 446014266944
2. Name of the Account: Maryland Lottery VLT Escrow 026009593 Bank of America, New York, NY
3. If required, the SWIFT code is BOFAUS3N Ref: Bank of America in the State of Maryland

LICENSURE TERMS

1. Initial term of a Gaming Employee License..... 5 Years
2. Gaming Employee License Renewal term..... 5 Years

ACKNOWLEDGEMENT AND DISCLOSURE

I understand and acknowledge the following:

I am applying for a Maryland video lottery employee license. I cannot be employed in a job that requires a license unless the Maryland Lottery and Gaming Control Commission (The Commission) finds that I meet the legal requirements for licensure. The Commission, through its employees, agents and vendors, is required by law to conduct a background investigation of each applicant for a license.

During the investigation, the Commission is required to collect and evaluate various kinds of information or reports to determine if applicants meet the eligibility requirements for licensure. I understand that the Commission and/or its employees, agents or vendors will conduct an investigation of my personal information (the "Background Investigation"). The Background Investigation may include, but will not be limited to, information or reports about my: character; general reputation; personal characteristics, including my honesty and integrity; credit stability; criminal history (from state, federal and other agencies) or record of involvement with other litigation.

I understand that all applicants are required to be fingerprinted either by Live Scan or on a completed ten-print (hard card) applicant fingerprint card. These fingerprints will be submitted to the Maryland Criminal Justice Information System (MD CJIS) and the Federal Bureau of Investigation (FBI) where criminal background checks will be conducted. The use of the MD CJIS and FBI criminal history record information will be used to assist in the determination of suitability for the issuance of a Maryland video lottery employee license.

I understand that I have the right to request a complete and accurate disclosure of the nature and scope of the investigation and a copy of a summary of my rights under federal credit reporting law.

I understand that I have the right to complete or challenge the accuracy of, the information contained in either the MD CJIS or the FBI identification record. Further, I have the right to be advised of the procedures for obtaining a change, correction, or updating a MD CJIS or FBI identification record.

I am requesting that the Commission, through its employees, agents or vendors, obtain this information about me to evaluate my eligibility for a video lottery employee license. I acknowledge that this disclosure and authorization remain in effect during the time my application is pending and during the time of any video lottery employee license that I may be granted.

Signature

Date

Printed Name

Name of Gaming Company: (You <u>must</u> have an offer to work from a Licensee)	
Type of Licensee	<input type="checkbox"/> Operator <input type="checkbox"/> Manufacturer <input type="checkbox"/> Contractor <input type="checkbox"/> Vendor
Position Applicant is Applying for:	

NAME AND ADDRESS

1. Last Name	First Name	Middle Name	Suffix(Jr., Sr., etc.)
2. Maiden Name			3. Date of Birth
4. Address Line 1		Address Line 2	
P. O. Box	City	County	State/Province
Zip Code	Country	5. Email Address	6. Home Phone 7. Cell Phone

MAILING ADDRESS (If different from above)

8. Address Line 1		Address Line 2	
P. O. Box	City	County	State/Province
Zip Code	Country	Email Address	Home Phone Cell

DESCRIPTIVE INFORMATION

9. Height ____ FT ____ IN	10. Weight ____ lbs	11. Social Security Number ____ - ____ - ____	12. Driver's License State Issued: _____
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13. Do you have any tattoos, scars or distinguishing marks? If yes, describe in detail:

14. MARITAL STATUS:

- ☐ SINGLE ☐ MARRIED
☐ SEPARATED ☐ DIVORCED
☐ WIDOWED ☐ DOMESTIC PARTNER

15. PLACE OF BIRTH:

City/Town State/Province Country

16. Name of Spouse	17. Spouse's Maiden Name or AKA	18. Spouse DOB	19. Spouse's Social Security Number
20. HAIR COLOR <input type="checkbox"/> (BK) Black <input type="checkbox"/> (BR) Brown <input type="checkbox"/> (BD) Blonde <input type="checkbox"/> (RD) Red <input type="checkbox"/> (GY) Gray <input type="checkbox"/> (WH) White <input type="checkbox"/> (BA) Bald		21. EYE COLOR <input type="checkbox"/> (BK) Black <input type="checkbox"/> (BR) Brown <input type="checkbox"/> (HZ) Hazel <input type="checkbox"/> (BL) Blue <input type="checkbox"/> (GY) Gray <input type="checkbox"/> (GR) Green	
22. SEX <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female		23. RACE* Are you of Hispanic/Latino origin? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Caucasian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Other: _____ * Multiracial respondents may select all applicable racial categories.	

**LIST ANY OTHER NAME OR NAMES YOU HAVE BEEN KNOWN BY
(INCLUDE ALIASES, NICKNAMES, MARRIED NAMES)**

24. Have you been known by any other name or names? YES ☐ NO ☐

If YES, list the additional names below and specify dates for use for each. Include maiden name, aliases, nicknames or any other names used.

Last Name	First Name	Middle Name	Suffix	From Date	To Date

25. Are you a United States citizen? YES ☐ NO ☐ **If NO, complete the following:**

a. Country of Citizenship

Name and Address of sponsor upon your arrival:

b. If a naturalized citizen complete

1. C.I.S. Registration Number: _____
2. Date Granted: _____
3. Court: _____
4. City/State of Court: _____
5. Certificate Number: _____

c. If you are a legally authorized Permanent Resident Alien, provide the "A" number from your Permanent Resident Card:

Card Number: _____ (Attach a color copy front and back)

d. If you do not possess a Permanent Resident Card but are authorized to work in the United States, please describe the U. S. Work Visa that you possess and provide the Visa number:

Description of Authorization: _____

VISA #: _____

e. Acceptable forms of documentation that establish both identity and employment authorization which will be accepted. All documents must be unexpired and a color copy uploaded into the MLGCA's online eLicensing application:

Document	Document Number	Issuance Date	Expiration Date
Permanent Resident Card, Form I-551			
Permanent Resident Stamp, I-551			
Employment Authorization Document, Form I-766			
Arrival Departure Record, Form I-94			
Arrival Departure Record, Form I-94A			
Admission Stamp			
I-94 in Unexpired Foreign Passport			
Form I-797A, Notice of Action with I-94			
Global Entry I-94			
Form I-571, Refugee Travel Document			
Form I-327, Re-entry Permit			
DS-2019			
Form I-20, Certificate of Eligibility			
Machine Readable Immigrant Visa			
Certificate of Naturalization			

If you have received any of the above documents provide the number assigned to the document, the issuance date and expiration date. You must upload into MLGCA's online eLicensing system a color copy of the document, front and back, and any other documentation of authorization to be employed in the United States.

In the event you are not in possession of any of the above documentation, provide one document from column # 1 and one document from column # 2 below.

<u>Column # 1</u>	<u>Column # 2</u>
Documents that Establish Identity	Documents that Establish Employment Authorization
Driver's license or ID card issued by a state or outlying possession of the United States, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	A Social Security Account Number card unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION NOTE: A copy (such as a metal or plastic reproduction) is not acceptable.
ID card issued by federal, state, or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	Certification of Birth Abroad issued by the U.S. Department of State (Form FS-545)
School ID card with a photograph	Certification of Report of Birth issued by the U.S. Department of State (Form DS-1350)
Voter's registration card	Original or certified copy of a birth certificate issued by a state, county, municipal authority, or outlying possession of the United States bearing an official seal
U.S. military card or draft record	Native American tribal document
Military dependent's ID card	Identification Card for Use of Resident Citizen in the United States (Form I-179)
U.S. Coast Guard Merchant Mariner Card	Employment authorization document issued by DHS
Native American tribal document	
Driver's license issued by a Canadian government authority	

If you are submitting any of the above documents from List # 1 or # 2 you must upload into MLGCA's online eLicensing system a legible color copy of the document, front and back, including document number, issuance and expiration dates.

26. Have you ever been issued a passport? ☐ YES ☐ NO If, yes please complete the following:

Passport Number	Country of Issue	Place Issued	Date Issued	Expiration Date

DEPENDANTS

27. In the chart below, list the names of all your children, stepchildren and adopted children and the amount of support, if dependent. Also, list all other persons who you are supporting or contributing to the support of, and provide the amount of support.

Name of Children / Dependent	Date of Birth	Amount of Support	Present Address of Children / Dependents

RESIDENCE

28. Beginning with your current residence(s) and working backwards complete the following information for each place where you have lived (including residences while attending college or while in the military service) during the past three (3) years or since the age of 18, whichever is less. *If additional space is needed, attach a separate sheet making certain to indicate the question number.*

Dates		Address (Number, Street, Apt. #, City/town, State/Province, Zip Code)	Own Or Rent	Name, Address & Telephone Number of Landlord or Mortgage Company, if any.
From: (Mo/Yr)	To: (Mo/Yr)			

EDUCATION

29. Beginning with your highest level of education and working backwards complete the information listed below with respect to each school, college, graduate or postgraduate school you have attended. *If additional space is needed, attach a separate sheet making certain to indicate the question number.*

Dates		Name and Address of School, Training Program, etc.	Description of Educational Program	List Any Degree or Certification	Graduated Yes / No
From: (Mo/Yr)	To: (Mo/Yr)				

EMPLOYMENT

30. Beginning with your present job and working backwards, list below all periods of employment for the **past three years or from age 18, whichever is less**. Give dates of any unemployment between jobs in proper sequence. Include all part-time and full-time employment and **any military service**. For **any casino, horse racing or gaming related employment, please list your license number under "Title."** *(If additional space is needed, attach a separate sheet making certain to indicate the question number.)*

Have you been in the Military? ☐ Yes ☐ No If Yes, list regardless of time.

Dates		Name, Address and Telephone Number of Employer(s)	Title/Position Held and Description of Duties (License Number)	Supervisors Name	Reason for Leaving/ Compensation at Departure
From: (Mo/Yr)	To: (Mo/Yr)				

31. Have you ever been discharged or asked to resign from a job? ☐ YES ☐ NO If Yes, complete below.

Employers Name & Address	Date of Discharge or Resignation	Reason for Leaving

CIVIL, CRIMINAL & INVESTIGATORY PROCEEDINGS

Prior to answering this question, carefully review the definitions and instructions which follow.

DEFINITIONS: For purposes of this question:

- A. “**Arrest**” includes any time that you were stopped by any law enforcement officer and advised that you were under arrest, detained, held for questioning or were requested by a law enforcement officer to come to a law enforcement office or facility and answer questions. “Arrest” also includes any circumstances in which you were taken into custody by any law enforcement officer, fingerprinted, detained in any jail or detention center, or otherwise been the subject of a court order to appear in a judicial proceeding in which you were accused of a “crime or offense” as defined in subsection C.
- B. “**Charge**” includes any indictment, complaint, information, summons, or other notice of the alleged commission of any “offense.”
- C. “**Offense**” includes all felonies, misdemeanors, and summary offenses that may have required you to appear before any municipal, state, or federal grand jury, court, or any other judicial tribunal except juvenile court. “Offense” also includes all driving-related charges or offense which carry any period of incarceration.

INSTRUCTIONS:

- 1. **Answer “YES”** and provide all information to the best of your ability EVEN IF:
 - A. You did not commit the offense charged;
 - B. The charges were dismissed or downgraded to a lesser charge;
 - C. You completed a pretrial intervention or other rehabilitation or diversionary program;
 - D. You were not convicted;
 - E. You did not serve any time in a correctional facility;
 - F. The charges or offenses happened a long time ago; or
 - G. You were not arrested for the charge.

2. **Answer "NO" if:**

- a) You have never been charged with or arrested for any crime or offense;
- b) You were arrested or charged when you were under eighteen (18) years of age and your arrest or charge, including any sentence that a court imposed, was adjudicated entirely in juvenile court;
- c) The records of the charge or arrest have been expunged pursuant to an order of court or otherwise sealed by a court of competent jurisdiction.

☐ I have read and understand the definitions and instructions

IMPORTANT

Maryland will make inquiries to establish whether the identified individuals have had any involvement with law enforcement agencies.

Failure to disclose any such involvement will be taken into account in assessing the Applicant's character, honesty and integrity.

Do you understand?: ☐ YES ☐ NO

32. Have you ever been arrested or charged with any offense in any jurisdiction?

☐ YES ☐ NO

If yes, complete the following chart:

Nature of Charge or Offense/Location of Where Incident Occurred	Date of Charge or Offense	Name and Address of Law Enforcement Agency or Court Involved	Disposition (Convicted, Acquitted, Dismissed, Pending, Pardoned, etc.)	Sentence (if any)

33. To the best of your knowledge, has a criminal indictment, information or complaint ever been filed or returned against you, or named you as an unindicted party or unindicted co-conspirator in any criminal proceeding in any jurisdiction?

☐ YES ☐ NO

If yes, complete the following chart:

Name and Address of Governmental Agency/Organization Involved	Nature of Proceeding	Outcome/Disposition	Date

34. To the best of your knowledge, have you ever been the subject of an investigation conducted by any governmental agency/organization, court, commission, committee, grand jury or investigatory body (local, state, county, provincial, federal, national, etc.) other than in connection with a traffic summons?

☐ YES ☐ NO

If yes, complete the following chart:

Name and Address of Court or Other Agency	Nature of Proceeding or Investigation	Was Testimony Given?	Date on which Testimony was Given	Approximate Time Period of Investigation

35. Have you ever received a pardon, or has any government agency/organization dismissed, suspended or deferred any criminal investigation or prosecution against you for any criminal offense?

☐ YES ☐ NO

If yes, complete the following chart:

Date of Pardon, Dismissal, Suspension or Deferral	Type of Action Taken	Name and Address of Government Agency / Organization Granting Pardon, Dismissal, Suspension or Deferral

36. Have you or any business entity with which you are or were associated, ever filed under bankruptcy, been petitioned into bankruptcy or made a proposal under any bankruptcy or insolvency law in any jurisdiction?

☐ YES ☐ NO

If yes, complete the following chart:

Date Filed	Docket Number	Name and Address of Court	Date Judgement Entered

37. In the past ten (10) years, have you been cited or charged with, or formally accused of, any violation of a statute, regulation or code of any local, state, county, municipal, provincial, federal or national government other than a criminal, summary or motor vehicle offense?

☐ YES ☐ NO

If yes, complete the following chart:

Governmental Agency / Organization	Nature of Charge	Date	Disposition

PERMITS, LICENSES, CERTIFICATES & REGISTRATIONS

38. Have you, or any business entity with which you are or were associated, ever applied for any permit, license, certificate or registration in connection with *gaming* in any jurisdiction?

☐ YES ☐ NO

If yes, complete below.

Name & Address of Applicant	Name & Address of Licensing Body	Type of Permit, License, Certificate or Registration	Date of Application	Disposition: Granted, Denied, Pending, Withdrawn

GARNISHMENT PROCEEDINGS

39. Have your wages, earnings or other income ever been subject to garnishment, attachment or other similar orders in any jurisdiction?

☐ YES ☐ NO

If yes, complete the following chart:

Nature & Amount of Obligation	Name & Address of Holder of Obligation	Name & Address of Court	Court Docket Number	Current Status

40. Have you had a lien or financial judgment filed against you in the past ten (10) years? (This includes child support orders, or judgments and federal state and local tax liens)

☐ YES ☐ NO

If yes, complete the following chart:

Nature & Amount of Obligation	Name & Address of Holder of Obligation	Name & Address of Court	Court Docket Number	Current Status

41. Are you currently delinquent in the payments, including child support, taxes, student loans, mortgage, credit cards and any other financial obligations?

☐ YES ☐ NO

If yes, complete the following chart:

Nature & Amount of Obligation	Name & Address of Holder of Obligation	Name & Address of Court	Court Docket Number	Current Status

**Illegal Use of Controlled Dangerous Substances;
Use of Alcohol in the Workplace; Problem Gambling**
(Answer all questions and provide information to any question you answer "yes.")

42. Do you currently engage in the illegal use of drugs, or have ever been arrested for such use?

☐ YES ☐ NO

If yes, please explain below.

43. The use of alcohol by licensees may be prohibited in a VLT facility, and any use of alcohol that adversely affects job performance or conduct maybe the basis for discipline of video lottery employees and revocation or suspension of a VLT license. Does this present a problem for you?

☐ YES ☐ NO

If yes, please explain below.

44. Are you a compulsive gambler, or have you ever been voluntarily or involuntarily excluded from any gaming facility?

☐ YES ☐ NO

If yes, please explain below.

Item #	Detail Explanation (Dates, jurisdictions, etc, as applicable for full explanation)

AUTHORIZATION FOR RELEASE OF INFORMATION

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

FROM: _____
(Applicant's Printed Name)

I, _____ (printed name), am an applicant for a video lottery terminal license in the State of Maryland.

The Maryland Lottery and Gaming Control Commission, and its employees, agents, and vendors (collectively, "the Commission"), is required by law to conduct an investigation of an applicant for a video lottery terminal license. That investigation requires the Commission to collect and evaluate information about me. By executing this Authorization, I irrevocably give consent and authorize any: local, State or federal government unit; commercial or business enterprise, including a consumer reporting agency; 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

Date

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.

Notary Public

Stamp or Seal

Printed Name

My commission expires _____, 20____

AFFIDAVIT OF INDIVIDUAL APPLICANT

I, _____ (printed name) am an applicant for a video lottery employee license in the State of Maryland. I have read, and understand, every page of this Form. To the best of my knowledge, information, and belief, the information that I have provided on, or attached to, this Form is accurate, complete, and not misleading. I understand that any misrepresentation or omission may lead to the delay or denial of my application for a video lottery terminal ("VLT") license, and may subject me to civil or criminal liability. I also understand that, if I am issued a license, I remain under an ongoing obligation to comply with all licensing requirements.

By a separate Authorization for Release of Information, I am authorizing any entity or individual that has information about me to release that information to the Maryland Lottery and Gaming Control Commission, and its employees, agents, and vendors (collectively, "the Commission"), for purposes of the Commission's investigation of my application for a video lottery employee license.

I expressly waive, release, discharge, and forever hold harmless and agree to indemnify, the Commission, the State of Maryland, and their employees, agents, and representatives, from liability for any and all claims or legal action arising from any actions that the Commission or the State of Maryland may take related to the collection of information from any individual or person and the use of that information in connection with investigating my application for a video lottery employee license.

Signature of Applicant_____
Date_____
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_____
Notary Public_____
Printed Name

My commission expires _____, 20____

Required Documents Notice

Notification to all Gaming Employee License applicants:

Your application for a Full Gaming Employee License requires the Maryland Lottery and Gaming Control Commission to initiate a comprehensive background investigation on you to determine your suitability for the issuance of a full gaming license in the State of Maryland. State Government Article, Title 9, Subtitle 1A-14 (a) provides that "Unless an individual holds a full, valid video lottery employee license issued by the Commission, the individual may not be employed by a video lottery operation licensee as a video lottery employee."

To insure that this investigation will be completed in a timely manner, please provide all the applicable required documentation listed below to your Human Resource staff or Licensing staff that is handling your application process to be uploaded with your application in the MLGCA eLicensing system. Failure to provide the below listed documents will delay the completion of your background investigation and subsequent approval of your license application.

Once your application has been submitted to the Commission, you must fully cooperate with your Licensing Specialist. If your action or inaction hinders your Licensing Specialist from completing your background investigation, your Gaming Employee License application may result in a recommendation for denial and subsequent disqualification.

Required Documents

All documentation / information provided is confidential and will become the property of the Maryland Lottery and Gaming Control Commission. No document will be returned, so please make sure you retain the original document unless otherwise specified in the instructions.

1. Copy of your birth certificate.
2. Copy of your Naturalization Certificate. (If Applicable).
3. Copy of your Passport (If Applicable).
4. Copy of your driver's license or State ID card, front and back.
5. Official copy of your driving record(s) from any State in which you were licensed.
6. Copy of your Social Security or Social Insurance Card.
7. Copy of your Permanent Resident Card, Work Visa (H1B, H2B, TN1 etc.) front and back (If Applicable).
8. If you attended college, provide a certified copy of college transcript(s). College transcripts must be received in the institution(s) original envelope, unopened. (Original document, mail only). It is

preferred that you request the institution(s) mail the transcript(s) directly to the MLGCA investigator. If you have not attended college, provide an official high school transcript, copy of your high school diploma, or a copy of your G.E.D. certificate. Only provide the highest achieved.

9. Request for Military Records, Form 180, completed & signed (If Applicable)
10. Copy of any gaming licenses you hold now or have held in the past and documents relative to any sanctions, fines or suspension.
11. One or two paragraph summary of all litigation during the past fifteen years, which should include, docket number, court information regarding the cause of action, named litigants, copy of complaint, disposition or current status if pending.
12. Personal Reference Form (Attached) – Entire form MUST be completed.

Provide the names and other information requested of three (3) references over the age of 18 who have known you for at least one year and can attest to your good character and reputation. No individual can be a reference who is a member of your family. For purpose of this question "family" means spouse, domestic partner, parent, grandparent, child, grandchild, sibling, uncle, aunt, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law and sister-in-law, or any other individual related by blood, marriage, or adoption.

Reference # 1 Information

Reference Name: Last	First	Middle	Suffix (i.e. Jr., Sr.)
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Reference Email Address (preferred contact method):

Reference Home Address

City	State	Postal Code
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Reference Business Address

City	State	Postal Code
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Occupation	Home Telephone	Business Telephone
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Years Known	Explain the relationship (ex: friend, neighbor, co-worker, etc)
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Reference # 2 Information

Reference Name: Last	First	Middle	Suffix (i.e. Jr., Sr.)
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Reference Email Address (preferred contact method):

Reference Home Address

City	State	Postal Code
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Reference Business Address

City	State	Postal Code
------	-------	-------------

Occupation	Home Telephone	Business Telephone
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Years Known	Explain the relationship (ex: friend, neighbor, co-worker, etc)
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Reference # 3 Information

Reference Name: Last	First	Middle	Suffix (i.e. Jr., Sr.)
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Reference Email Address (preferred contact method):

Reference Home Address

City	State	Postal Code
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Reference Business Address

City	State	Postal Code
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Occupation	Home Telephone	Business Telephone
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Years Known	Explain the relationship (ex: friend, neighbor, co-worker, etc)
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MILITARY RECORDS FORM
(In the event the applicant served in the Armed Forces)

Instructions for completing SF 180, Request Pertaining to Military Records

1. If you served in the U.S. Military, complete, sign and date the SF 180, Request Pertaining to Military Records and include the following information in the appropriate space:

Section I – Information Needed to Locate Records

- Complete all blanks and answer all questions.

Section II – Information and/or Documents Requested

- Item 1 – Check the box requesting an UNDELETED Report of Separation for the years you indicated in Dates of Service of Section I, Item 5.
- Item 2 – Insert the phrase “Information related to any military court martial or charges filed against me under Article 15 of the Uniform Code of Military Justice.”
- Item 3 – Insert the phrase “This information is necessary in order for the Maryland Lottery and Gaming Control Commission to complete my background investigation.”

Section III – Return Address and Signature

- Item 1 – Check “Other” and specify “Maryland Lottery and Gaming Control Commission.”
- Item 2 – Complete and sign with your information

2. Submit this completed document to the Commission with your Required Documents.

REQUEST PERTAINING TO MILITARY RECORDS

Requests from veterans or deceased veteran's next-of-kin may be submitted online by using eVetRecs at <http://www.archives.gov/veterans/military-service-records/>
To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. PLEASE PRINT LEGIBLY OR TYPE BELOW.

SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much information as possible.)

1. NAME USED DURING SERVICE (last, first, full middle)	2. SOCIAL SECURITY #	3. DATE OF BIRTH	4. PLACE OF BIRTH			
5. SERVICE, PAST AND PRESENT (For an effective records search, it is important that ALL service be shown below.)						
	BRANCH OF SERVICE	DATE ENTERED	DATE RELEASED	OFFICER	ENLISTED	SERVICE NUMBER (If unknown, write "unknown")
a. ACTIVE				<input type="checkbox"/>	<input type="checkbox"/>	
b. RESERVE				<input type="checkbox"/>	<input type="checkbox"/>	
c. STATE NATIONAL GUARD				<input type="checkbox"/>	<input type="checkbox"/>	
6. IS THIS PERSON DECEASED? <input type="checkbox"/> NO <input type="checkbox"/> YES - <i>MUST</i> provide Date of Death if veteran is deceased: _____						
7. DID THIS PERSON <u>RETIRE</u> FROM MILITARY SERVICE? <input type="checkbox"/> NO <input type="checkbox"/> YES						

SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

1. CHECK THE ITEM(S) YOU ARE REQUESTING:

- ☒ **DD Form 214 or equivalent.** Year(s) in which form(s) issued to veteran: _____
This form contains information normally needed to verify military service. A copy may be sent to the veteran, the deceased veteran's next-of-kin, or other persons or organizations, if authorized in Section III, below. An **UNDELETED DD214 is ordinarily required to determine eligibility for benefits.** If you request a DELETED copy, the following items will be blacked out: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and, for separations after June 30, 1979, character of separation and dates of time lost.
An **UNDELETED copy will be sent UNLESS YOU SPECIFY A DELETED COPY by checking this box:** ☐ I want a DELETED copy.
- ☐ **Medical Records** Includes Service Treatment Records, Health (outpatient) and Dental Records. **IF HOSPITALIZED (inpatient) the FACILITY NAME and DATE (month and year) for EACH admission MUST be provided:** _____
- ☒ **Other (Specify):** Information related to any military court martial or charges filed under Article 15 U.C.M.J.

2. **PURPOSE:** (Providing information about the purpose of the request is **strictly voluntary**; however, it may help to provide the best possible response and may result in a faster reply. Information provided will in no way be used to make a decision to deny the request.)

☐ Benefits (explain) ☐ Employment ☐ VA Loan Programs ☐ Medical ☐ Genealogy ☐ Correction ☐ Personal ☒ Other (explain)

Explain here: Necessary for completion of required background investigation by Maryland Lottery & Gaming Control Commission.

SECTION III - RETURN ADDRESS AND SIGNATURE

1. REQUESTER NAME: _____	
2. <input type="checkbox"/> I am the MILITARY SERVICE MEMBER OR VETERAN identified in Section I, above.	<input type="checkbox"/> I am the VETERAN'S LEGAL GUARDIAN (<i>MUST submit copy of Court Appointment</i>) or AUTHORIZED REPRESENTATIVE (<i>MUST submit copy of Authorization Letter or Power of Attorney</i>)
<input type="checkbox"/> I am the DECEASED VETERAN'S NEXT-OF-KIN (<i>MUST submit Proof of Death. See item 2a on instruction sheet.</i>)	<input checked="" type="checkbox"/> OTHER
Maryland Lottery & Gaming Control Commission (Specify type of Other)	
3. SEND INFORMATION/DOCUMENTS TO: (Please print or type. See item 4 on accompanying instructions.) Maryland Lottery & Gaming Control Commission ATTN: Casino Licensing & Background Investigation Division Manager Name 1800 Washington Blvd., Suite 330 Street Apt. Baltimore MD 21230 City State Zip Code	
4. AUTHORIZATION SIGNATURE: I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section III is true and correct and that I authorize the release of the requested information. (See items 2a or 3a on accompanying instruction sheet. Without the Authorization Signature of the veteran, next-of-kin of deceased veteran, veteran's legal guardian, authorized government agent, or other authorized representative, only limited information can be released unless the request is archival. No signature is required if the request is for archival records.)	

Signature Required - Do not print

Date

Daytime phone

Fax Number

Email address

INSTRUCTION AND INFORMATION SHEET FOR SF 180, REQUEST PERTAINING TO MILITARY RECORDS

1. General Information. The Standard Form 180, Request Pertaining to Military Records (SF180) is used to request information from military records. Certain identifying information is necessary to determine the location of an individual's record of military service. Please try to answer each item on the SF 180. If you do not have and cannot obtain the information for an item, show "NA," meaning the information is "not available". Include as much of the requested information as you can. Incomplete information may delay response time. To determine where to mail this request see Page 2 of the SF180 for record locations and facility addresses.

Online requests may be submitted to the National Personnel Records Center (NPRC) by a veteran or deceased veteran's next-of-kin using eVetRecs at <http://www.archives.gov/veterans/military-service-records/>.

2. Personnel Records/Military Human Resource Records/Official Military Personnel File (OMPF) and Medical Records/Service Treatment Records (STR). Personnel records of military members who were discharged, retired, or died in service **LESS THAN 62 YEARS AGO** and medical records are in the legal custody of the military service department and are administered in accordance with rules issued by the Department of Defense and the Department of Homeland Security (DHS, Coast Guard). STRs of persons on active duty are generally kept at the local servicing clinic. After the last day of active duty, STRs should be requested from the appropriate address on page 2 of the SF 180. (See item 3, Archival Records, if the military member was discharged, retired or died in service more than 62 years ago.)

a. **Release of information:** Release of information is subject to restrictions imposed by the military services consistent with Department of Defense regulations, the provisions of the Freedom of Information Act (FOIA) and the Privacy Act of 1974. The service member (either past or present) or the member's legal guardian has access to almost any information contained in that member's own record. The authorization signature of the service member or the member's legal guardian is needed in Section III of the SF180. Others requesting information from military personnel records and/or STRs must have the release authorization in Section III of the SF 180 signed by the member or legal guardian. If the appropriate signature cannot be obtained, only limited types of information can be provided. If the former member is deceased, the surviving next-of-kin may, under certain circumstances, be entitled to greater access to a deceased veteran's records than a member of the general public. The next-of-kin may be any of the following: unremarried surviving spouse, father, mother, son, daughter, sister, or brother. Requesters **MUST provide proof of death, such as a copy of a death certificate, newspaper article (obituary) or death notice, coroner's report of death, funeral director's signed statement of death, or verdict of coroner's jury.**

b. **Fees for records:** There is no charge for most services provided to service members or next-of-kin of deceased veterans. A nominal fee is charged for certain types of service. In most instances, service fees cannot be determined in advance. If your request involves a service fee, you will receive an invoice with your records.

3. Archival Records. Personnel records of military members who were discharged, retired, or died in service **62 OR MORE YEARS AGO** have been transferred to the legal custody of NARA and are referred to as "archival records".

a. **Release of Information:** Archival records are open to the public. The Privacy Act of 1974 does not apply to archival records, therefore, written authorization from the veteran or next-of-kin is not required. In order to protect the privacy of the veteran, his/her family, and third parties named in the records, the personal privacy exemption of the Freedom of Information Act (5 U.S.C. 552 (b) (6)) may still apply and may preclude the release of some information.

b. **Fees for Archival Records:** Access to archival records are granted by offering copies of the records for a fee (44 U.S.C. 2116 (c)). If a fee applies to the photocopies of documents in the requested record, you will receive an invoice. Photocopies will be sent after payment is made. For more information see <http://www.archives.gov/st-louis/archival-programs/military-personnel-archival/ompf-archival-requests.html>.

4. Where reply may be sent. The reply may be sent to the service member or any other address designated by the service member or other authorized requester. If the designated address is NOT registered to the addressee by the U.S. Postal Service (USPS), provide BOTH the addressee's name AND "in care of" (c/o) the name of the person to whom the address is registered on the NAME line in Section III, item 3, on page 1 of the SF 180. The COMPLETE address must be provided, INCLUDING any apartment/suite/unit/lot/space/etc. number.

5. Definitions and abbreviations. DISCHARGED -- the individual has no current military status; SERVICE TREATMENT RECORD (STR) -- The chronology of medical, mental health, and dental care received by service members during the course of their military career (does not include records of treatment while hospitalized); TDRL -- Temporary Disability Retired List.

6. Service completed before World War I. National Archives Trust Fund (NATF) forms must be used to request these records. Obtain the forms by e-mail from inquire@nara.gov or write to the Code 6 address on page 2 of the SF 180.

PRIVACY ACT OF 1974 COMPLIANCE INFORMATION

The following information is provided in accordance with 5 U.S.C. 552a(e)(3) and applies to this form. Authority for collection of the information is 44 U.S.C. 2907, 3101, and 3103, and Public Law 104-134 (April 26, 1996), as amended in title 31, section 7701. Disclosure of the information is voluntary. If the requested information is not provided, it may delay servicing your inquiry because the facility servicing the service member's record may not have all of the information needed to locate it. The purpose of the information on this form is to assist the facility servicing the records (see the address list) in locating the correct military service record(s) or information to answer your inquiry. This form is then retained as a record of disclosure. The form may also be disclosed to Department of Defense components, the Department of Veterans Affairs, the Department of Homeland Security (DHS, U.S. Coast Guard), or the National Archives and Records Administration when the original custodian of the military health and personnel records transfers all or part of those records to that agency. If the service member was a member of the National Guard, the form may also be disclosed to the Adjutant General of the appropriate state, District of Columbia, or Puerto Rico, where he or she served.

PAPERWORK REDUCTION ACT PUBLIC BURDEN STATEMENT

Public burden reporting for this collection of information is estimated to be five minutes per request, including time for reviewing instructions and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to National Archives and Records Administration (ISSD), 8601 Adelphi Road, College Park, MD 20740-6001. **DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. SEND COMPLETED FORMS TO THE APPROPRIATE ADDRESS LISTED ON PAGE 2 OF THE SF 180.**