



Transfer/Rehire Request Form

Last Name:

First Name:

License Number:

Current/Prior Facility:

Current/Prior Position:

New Facility/Transferring To:

New Position:

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 multiple locations:

If Yes, which locations

YES

NO

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:

DATE

AUTHORIZATION FOR RELEASE OF INFORMATION

TO: _____
(To be completed by the Commission)

FROM: _____
(Printed Name of Applicant)

I am an applicant for a Gaming / Wagering Employee License in the State of Maryland.

The Maryland Lottery and Gaming Control Commission ("Commission") is required by law to conduct an investigation of an applicant for a Gaming / Wagering Employee License. That investigation requires the Commission to collect and evaluate information about me. By executing this Authorization for Release of Information, I irrevocably give consent to the Commission, and persons authorized by the Commission, to: (1) verify all information provided in the license application, in the application documents, and any information or documents I may subsequently submit as part of the application process; (2) conduct my background investigation; and 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 for Release of Information, I authorize any: Local, State or Federal government unit; commercial or business enterprise, including a consumer reporting agency, a non-profit entity, an 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 Individual Completing Form | _____ Date |
| _____ Printed Name | _____ Title |

NOTARY PUBLIC

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

Printed Name

Stamp or Seal

My commission expires _____, 20____

SPONSORING ENTITY - CERTIFICATION OF SPONSORSHIP

Purpose: Pursuant to COMAR 36.03.02.12 and COMAR 36.10.06.05, a Sponsoring Entity may sponsor an individual to whom it has made at least a conditional offer of employment and apply for a Principal Employee License, Gaming / Wagering Employee License, or a Non-Gaming / Non-Wagering Employee License for that individual.

A **Sponsoring Entity** for purposes of this application is an applicant for, or a holder of, a/an: Video Lottery Facility (Casino) License; Gaming Manufacturer License; Gaming Contractor License; Sports Wagering Facility License; Sports Wagering Facility Operator License; Mobile Sports Wagering License; Online Sports Wagering Operator License; Sports Wagering Contractor License; and certain authorized Non-Gaming Vendors and Non-Wagering Vendors.

Note: If, for any reason, the Sponsoring Entity retracts, rescinds or revokes a conditional offer of employment, the individual’s license becomes inactive and the individual’s badge is rendered inactive. The individual is required to return the deactivated Principal Employee, Gaming, Wagering, Non-Gaming or Non-Wagering badge to the Commission immediately. An individual may reactivate a license once a new Conditional Offer of Employment is issued by a Sponsoring Entity.

Certification of Conditional Offer of Employment

I, _____, representing _____,
Printed Name of Sponsoring Entity Representative **Name of Sponsoring Entity**
(hereinafter “Sponsoring Entity”) am authorized to complete and execute/sign Sponsoring Entity – Certification of Sponsorship on behalf of the Sponsoring Entity listed on this form and make the representations stated herein.

- 1. _____ (Name of Sponsoring Entity) has made _____ (Name of Applicant) (hereinafter “Applicant”) at least a conditional offer of employment.
- 2. The Sponsoring Entity has investigated the background and qualifications of the Applicant. That investigation included at a minimum: (1) social security database verification, (2) criminal history check, (3) employment verification; and (4) a national database search. Documentation supporting this investigation is included with this Application and will be uploaded into ‘eLicensing’ by the Sponsoring Entity.
- 3. As a Sponsoring Entity, the Sponsoring Entity 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 or sports wagering in Maryland, or would otherwise discredit or impugn the State of Maryland.
- 4. If the investigation performed does not indicate that the Applicant is ineligible for a Principal Employee License, Gaming Employee License, Wagering Employee License, Non-Gaming Employee License or Non-Wagering Employee License (referred to collectively as a “Gaming / Wagering Employee License”) under the requirements and applicable provisions of State Government Article, §§ 9-1A, et seq.; § 9-1E, et seq.; Code of Maryland Regulations (“COMAR”) 36.03; and COMAR 36.10 or is otherwise disqualified for a Gaming / Wagering Employee License, the Commission will grant a Gaming / Wagering Employee License to the Applicant, and notify the Sponsoring Entity that the Applicant is qualified.
- 5. I understand that the Commission will perform a preliminary and full background investigation of the Applicant. I further understand that should the Commission determine that the Applicant does not qualify for a **Gaming / Wagering Employee** License, any Temporary Principal Employee License, Temporary Gaming Employee License or Temporary Wagering Employee License that was issued may be terminated by the Commission.

| | | |
|---|---|--|
| Name of Sponsoring Entity | Date | Printed name of individual who completed this form |
| Title of individual who completed this form | Signature of individual who completed this form | |

NOTARY PUBLIC

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

Printed Name

Stamp or Seal

My commission expires _____, 20____

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 offer of employment from the Licensee. The Applicant will have the following job description:

Signature of Licensee Representative
(If electronic no signature required)

Date

Printed Name

Title

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

My Commission expires _____, 20____

Printed Name

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