



Lottery and Gaming Control Commission

1800 Washington Boulevard, Suite 330, Baltimore, MD 21230

NON-GAMING / NON-WAGERING EMPLOYEE LICENSE APPLICATION

Form #2002

Applicant: _____

First, Middle, Last Name

Affiliation: _____

(Name of Sponsoring Entity: Casino, Manufacturer, Contractor, Sports Wagering Licensee or Applicant, or Vendor)

NOTICE

Maryland's Gaming Law and Sports Wagering Law are long and complex. Maryland Gaming Law is located in State Government Article, Title 9, Subtitle 1A, Annotated Code of Maryland ("SG"). The regulations promulgated by the Maryland Gaming Control Commission ("Commission") are found in Code of Maryland Regulations ("COMAR") 36.03. Collectively, SG § 9-1A *et seq.* and COMAR 36.03 are referred herein as the "Gaming Law". Maryland's Sports Wagering Law is located in SG Title 9, Subtitle 1E, and the regulations promulgated the Commission are found in COMAR 36.10. Collectively, SG § 9-1E *et seq.* and COMAR 36.03 are referred herein as the "Sports Wagering Law".

The cites referenced within this application are for explanatory purposes, are subject to change, may be different from what is provided, and should not be relied upon. You are expected to be familiar with the current Gaming Law and Sports Wagering Law; updates and information may be found at <https://www.mdgaming.com/>.

Failure or refusal to adhere to Gaming Law and Sports Wagering Law may result in the Commission imposing sanctions and/or penalties, to include, but not limited to, the placing of conditions on a license; suspension or revocation of a license; reprimand of a licensee; and/or fines, and may result in criminal and/or civil charges being filed against the licensee.

APPLICABILITY AND ELIBIGILITY

The Commission is required to investigate an Applicant for a sports wagering, or video lottery (hereinafter "gaming") license, as well as, an Applicant for a non-wagering or non-gaming license pursuant to the Sports Wagering Law and Gaming Law. An applicant for a license must establish by clear and convincing evidence that the Applicant is qualified for licensure, and must not be subject to any grounds for mandatory disqualification from license eligibility. SG §§ 9-1A-07(c)(1); 9-1E-07(e)(1); COMAR 36.03.02, 36.10.03.

Individuals who meet the definition of a nongaming employee under COMAR 36.03.01.02 (hereinafter "non-gaming") or a non-sports wagering employee or non-wagering employee (hereinafter "non-wagering employee") under 36.10.01.02 must submit a Non-Gaming / Non-Wagering Employee License Application to the Commission. Generally, an individual requires a Non-Gaming / Non-Wagering Employee License if they are seeking to be employed by an applicant or holder of a gaming or sports wagering license or certain vendors, and whose duties **do not** involve the maintenance, operation, or function of gaming or sports wagering: equipment, activities, functions, or associated assets. Additionally, Non-Gaming / Non-Wagering Employee Licenses are for employees who are not required to work in restricted areas or on the gaming / wagering floors.

An individual must have a conditional offer of employment from a gaming or sports wagering licensee or applicant, or a vendor ("Sponsoring Entity") in order to submit a Non-Gaming / Non-Wagering Employee License Application to the Commission.

A **Sponsoring Entity** for purposes of the Non-Gaming / Non-Wagering Employee License Application is:

- a. An applicant for, or a holder of, a/an:
 1. Video Lottery Facility (Casino) License;

- 2. Gaming Manufacturer License;
- 3. Gaming Contractor License;
- 4. Sports Wagering Facility License;
- 5. Sports Wagering Facility Operator License;
- 6. Mobile Sports Wagering Entity License;
- 7. Online Sports Wagering Operator License;
- 8. Sports Wagering Contractor License; or
- b. Non-Gaming and Non-Sports Wagering Vendor.

FEES AND COSTS

Initial:

| | |
|----------------------------|-----------------|
| Initial Application fee | \$ 50.00 |
| Initial License fee | \$100.00 |
| Fingerprint processing fee | <u>\$ 37.25</u> |
| | \$187.25 |

Renewal:

| | |
|----------------------------|-----------------|
| Renewal License fee | \$ 60.00 |
| Fingerprint processing fee | <u>\$ 37.25</u> |
| | \$ 97.25 |

NOTE: Each Applicant is ultimately responsible for the payment of the required application fee. All fees must be paid in full before a license may be issued.

TERM OF LICENSE, RENEWAL OF A LICENSE

Term:

A Maryland Non-Gaming / Non-Wagering Employee License is valid for **five years**.

Renewal process:

- The Commission may renew the Non-Gaming / Non-Wagering Employee License if the licensee:
- a. Submits an application for renewal to the Commission at least **90 days before** the employee’s license expires (COMAR 36.03.02.12 and COMAR 36.10.06);
 - b. Continues to comply with all licensing requirements and establishes by clear and convincing evidence, that they meet applicable license qualification requirements (COMAR 36.03.02.12; COMAR 36.10.06);
 - c. Submits to a background investigation (COMAR 36.03.02.12; COMAR 36.10.06); and
 - d. Pays the license renewal fees and costs (COMAR 36.03.02.12; COMAR 36.10.06).

REMITTANCE OF FEES AND COSTS**Notice Regarding Required Fees:**

An Applicant is required by the Gaming Law and Sports Wagering Law to submit a payment to the Commission for the application and licensing fees *at the time the application is submitted to the Commission*. If an applicant fails to submit the required payment, the Commission may determine that an Applicant has submitted an incomplete and inaccurate application and may deny the application.

Note: License and application fees, made payable to “*Maryland Lottery and Gaming Control Agency*” are due at the time of application. These fees are **non-refundable**. (COMAR 36.03.02.01; COMAR 36.10.02).

Payment Submission Process:

The Sponsoring Entity establishes procedures for the submission of Non-Gaming / Non-Wagering Employee License applications. Typically, the Sponsoring Entity’s Compliance Office or Human Resources Office oversees the Non-Gaming / Non-Wagering Employee License application submission process.

The Sponsoring Entity is required to designate or assign at least one employee who will be responsible for the licensing process, which will include the submission of payments. The Maryland Lottery and Gaming Control Agency’s Licensing Division will authorize the designated employee(s) to perform certain tasks within the 'eLicensing' system, such as uploading of documents, entering information and submitting payments to the Commission.

Step 1:

When the Non-Gaming / Non-Wagering Employee License Applicant (“Applicant”) completes the application, the Sponsoring Entity’s designated employee is to prepare the application for submission to the Commission. The Applicant will be instructed to either submit the payment to the Commission as outlined below, or will be informed that the Sponsoring Entity will submit a payment via option ‘A’ or ‘B,’ pursuant to the Gaming Law and Sports Wagering Law. The Applicant is ultimately responsible for the fees due to the Commission.

- A. The payment may be submitted directly to the Licensing Division in the form of a:
- a. Business Check;
 - b. Cashier’s Check; or a
 - c. Money Order (**no** personal checks).

The Business Check, Cashier’s Check or Money Order must be sent to:

Maryland Lottery and Gaming Control Agency
Attn: Regulatory Licensing and Background Investigations Division
1800 Washington Boulevard, Suite 330
Baltimore, Maryland 21230

B. The payment may be submitted via a Wire Transfer:

Bank Name: Wells Fargo Bank, N.A.
Bank Address: 420 Montgomery Street, San Francisco, CA 94104
Account Name: Maryland State Lottery
ABA Routing Number: 121000248
Swift Code: WFBIUS6S
Account Number: 4928823376

Step 2:

If the Applicant submits the payment, the Applicant is required to notify the Sponsoring Entity's designated employee that payment was submitted and provide information about the payment including the manner in which it was submitted (i.e. certified / bank check, money order or wire transfer number), so that the designated employee may send an email to the Licensing Division (gaming.services@maryland.gov), entitled "Payment Notification."

The Payment Notification email from the Sponsor Entity's designated employee must notify the Commission of the following:

- a. The Batch Number (or Batch Numbers if payment is being made for multiple applicants);
- b. The name of the gaming or sports wagering company;
- c. The type of application the designated individual is submitting. If the designated individual is submitting payment for more than one application, the types and numbers of each application submitted; and
- d. The certified / bank check, money order or wire transfer number.

ELECTRONIC APPLICATIONS

An Applicant must submit a Maryland Non-Gaming / Non-Wagering Employee License Application to the Commission **electronically** via the 'eLicensing' system. Paper applications for Non-Gaming / Non-Wagering Employee Licenses will not be accepted by the Commission.

EMPLOYEE IDENTIFICATION CARDS / EMPLOYEE BADGES

The Commission issues identification cards, referred to as "badges" to individuals who have been issued a license. The badge is the property of the Commission and must be surrendered immediately if ordered to do so by the Commission or directed to do so by a Maryland Lottery and Gaming Control Agency ("MLGCA") employee.

The badge represents the individual's licensing status and is evidence that the individual is authorized to be employed by a Sponsoring Entity. An individual who has been issued a badge by the Commission:

- a. Shall wear or otherwise prominently display his or her badge at all times while working;

- b. Shall immediately report a loss or theft of the badge to the individual's employer and the Commission;
- c. May not allow another individual to possess the badge; and
- d. Must return the badge to the Commission if:
 1. The Commission suspends or revokes the individual's license;
 2. The license is not renewed; or
 3. The individual separates from employment from the Sponsoring Entity.

A badge is rendered inactive if an individual has their conditional offer of employment retracted, rescinded or revoked by the Sponsoring Entity. The deactivated badge must be returned to the Commission immediately. An individual may reactivate a license once a new conditional offer of employment is issued by a Sponsoring Entity.

The Commission charges a fee for the replacement of a lost or stolen badge.

SECTION A - IMPORTANT NOTICES

- A.1 Official Document: This form is an official document of the Commission. It may not be altered or changed, except to insert the information that is required. Any alteration or change to this document may cause this application or your license to be delayed or denied.**
- A.2 License a Privilege: A Maryland Non-Gaming / Non-Wagering Employee License is a privilege. The burden of proving qualifications to receive and hold a license is at all times on the Applicant.**
- A.3 Information Provided: The Applicant accepts any and all risk of adverse public notice, embarrassment, criticism, emotional distress or financial loss that may result from any action with respect to this application. The Applicant expressly waives any and all claims for damages as result thereof. Information not called for in this application or in addition to that which is provided in response to this application may be requested. The Applicant shall provide all information, documents, materials and certifications at the Applicant's expense.**
- A.4 Accuracy, Completeness, and Truthfulness: You must make accurate statements and include all material facts. Any misrepresentations, failure to provide any requested information, or failure to meet any other requirement during the application process or throughout the entire term of any licensure of the Commission, as set out in Gaming Law or Sports Wagering Law, may result in the denial of the application or revocation of any license issued, and may subject you to civil and/or criminal penalties.**
- A.5 Required Fees: The total cost of the investigation conducted pursuant to this application shall be borne by the Applicant. In addition, the Applicant is responsible for the payment of all application fees required under the Gaming Law and Sports Wagering Law. The application will not be processed until the fees have been submitted.**
- A.6 Continuing Obligation: The Applicant is under a continuing duty to promptly disclose any changes in the information provided in the application, as well as, all changes to any of the materials**

submitted in connection with this Application. The duty to make such additional disclosures shall continue throughout any period of the licensure.

- A.7 Corrections and Changes:** The Applicant shall **promptly** provide written notification to the Commission of any corrections or changes to this application once submitted, and to any of the materials submitted in connection with this Application. The duty to notify the Commission of any changes or corrections shall continue throughout any period of licensure.
- A.8 Conforming to Information in Application:** If the Applicant is issued a license by the Commission, the licensee has a continuing duty throughout any period of licensure to conform to all of the information contained in their application and to meet all licensing requirements.
- A.9 Fingerprints and Photographs:** During the application process, the Applicant is required to be fingerprinted and photographed, the Applicant's financial stability will be assessed, and the Applicant's criminal history, if any, will be carefully examined.
- A.10 Accountability:** If the Applicant is issued a license by the Commission, the licensee will have a continuing duty throughout any period of licensure, to inform the Commission of any act or omission that the licensee knows or should know constitutes a violation of the Gaming Law or Sports Wagering Law.
- A.11 Enforcement Actions:** A violation of the Gaming Law or Sports Wagering Law may result in the Commission taking enforcement action against a licensee which may include the imposition of penalties or sanctions up to and including revocation of a license. COMAR 36.03.04; COMAR 36.10.08.
- A.12 Applicant's Address:** All notices regarding the application will be sent to the address provided by the Applicant listed in their application. The Applicant must immediately notify the Commission of any change of address.
- A.13 Licensee Searches:** A licensee of the Commission may be required to submit to warrantless searches as stated in the Gaming Law and Sports Wagering Law.
- A.14 Commission Property:** All submissions with and for this application become the property of the Commission and **will not** be returned.
- A.15 Licensing Division:** The Maryland Lottery and Gaming Control Agency's Licensing and Background Investigations Division is referred to, throughout this application, as the "Licensing Division."

SECTION B - INSTRUCTIONS

These instructions are applicable to any Applicant seeking a Maryland Non-Gaming / Non-Wagering Employee License ("license").

- B.1** Read each question carefully. Answer each and every question completely. **Do not leave blank spaces.** If a question does not apply, write “Does not apply” or “N/A.” If the correct answer to a particular question is “None,” write “None.”
- B.2** Do not misstate or omit any material fact(s). All information is subject to verification. False or misleading information may be grounds for the Commission to deny the application, or to suspend or revoke the license.
- B.3** All required documentation **must** be uploaded into ‘eLicensing’ on the Applicant Case Checklist Item page.
- B.4** The Commission may request additional financial and other information as needed.
- B.5** The license and application fees described in the “Fees and Costs” section of this Application and authorized by COMAR are non-refundable. COMAR 36.03.02.01; COMAR 36.10.02. The Commission cannot issue a license until all fees are paid.
- B.6** If the Applicant wishes to retain a copy of their application, the Applicant may print it prior to selecting the “Submit” button. Once the Applicant completes their application in the ‘eLicensing’ system, they may select the “Preview Application” button and print out a copy of it. Once the Applicant selects the “Submit” button, the Applicant may no longer view or print their application.

SECTION C - DEFINITIONS

Refer to the list of Definitions in the Gaming Law in COMAR 36.03.01 and the Sports Wagering Law in COMAR 36.10.01, which are applicable to all gaming and sports wagering applications. Additional resources for gaming applications; instant bingo license applications; and sports wagering license applications are available on the Maryland Lottery and Gaming Control Agency’s website: <https://www.mdgaming.com/licensing/>.

SECTION D – APPLICANT INFORMATION

An Applicant must have at least a Conditional Offer of Employment from a Sponsoring Entity. The Sponsoring Entity will certify its conditional offer on the Sponsoring Entity - Certification of Sponsorship form.

| | |
|-----------------------------------|---|
| Name of Sponsoring Entity: | |
| | <input type="checkbox"/> Video Lottery Facility (Casino) license holder or applicant <input type="checkbox"/> Gaming Manufacturer license holder or applicant <input type="checkbox"/> Gaming Contractor license holder or applicant <input type="checkbox"/> Sports Wagering Facility license holder or applicant |

| | |
|---|---|
| Sponsoring Entity is a: (check one) | <input type="checkbox"/> Sports Wagering Facility Operator license holder or applicant <input type="checkbox"/> Mobile Sports Wagering license holder or applicant <input type="checkbox"/> Online Sports Wagering Operator license holder or applicant <input type="checkbox"/> Sports Wagering Contractor license holder or applicant <input type="checkbox"/> Non-Gaming Vendor or Non-Wagering Vendor |
| Position that the Applicant is applying for: | |

| | | | | | | | |
|-------------------------|---------|------------|---------------|----------------|------------|-------------------------|------------|
| NAME AND ADDRESS | | | | | | | |
| Last Name | | First Name | | Middle Name | | Suffix (Jr., Sr., etc.) | |
| Maiden Name | | | | | | Date of Birth | |
| Address Line 1 | | | | Address Line 2 | | | |
| P. O. Box | | City | | County | | State/Province | |
| Zip Code | Country | | Email Address | | Home Phone | | Cell Phone |

| | | | | | | | |
|--|---------|------|---------------|----------------|------------|----------------|------|
| MAILING ADDRESS (If Different from Above) | | | | | | | |
| Address Line 1 | | | | Address Line 2 | | | |
| P. O. Box | | City | | County | | State/Province | |
| Zip Code | Country | | Email Address | | Home Phone | | Cell |

| | | | | | | | |
|--|--|----------------------|---|--|--|---|--|
| APPLICANT DESCRIPTIVE AND INFORMATION | | | | | | | |
| Height _____ FT _____ IN | | Weight _____ lbs. | Social Security Number _____ - ____ - ____ | | | Driver's License Number: _____ State Issued: _____ | |
| Do you have any tattoos, scars or distinguishing marks? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe in detail: | | | | | MARITAL STATUS: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED PARTNER <input type="checkbox"/> DOMESTIC | | |
| PLACE OF BIRTH: _____ City/Town State/Province Country | | | | | | | |

| | | | |
|---|--|--|---|
| Name of Spouse | Spouse's Maiden Name | DOB | Spouse's Social Security Number |
| 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 | 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 | SEX <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female | RACE* Are you of Hispanic/Latino origin? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> White <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 OTHER NAMES

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

If "YES," list all other names below and state dates of use for each. Include Maiden Names, Aliases, Nicknames, and other name changes, legal or otherwise.

| Last Name or Nickname | First Name | Middle Name | Suffix (Jr., Sr. etc.) | From Date | To Date |
|-----------------------|------------|-------------|------------------------|-----------|---------|
| | | | | | |
| | | | | | |
| | | | | | |

CITIZENSHIP

1. Are you a United States citizen? YES NO

If "NO," complete the following:

| | |
|--|--|
| Country of Citizenship: | |
| Name and Address of Sponsor Upon Your Arrival: | |
| If You Are a Naturalized Citizen Complete: | 1. C.I.S. Registration Number: _____ 2. Date Granted: _____ 3. Court: _____ 4. City/State of Court: _____ 5. Certificate Number: _____ |

If you are a legally authorized Permanent Resident Alien, provide the “A” number from your Permanent Resident Card:
Card Number: _____

Upload a color copy of front and back of your Permanent Resident Card into the ‘eLicensing’ system on the Applicant Case Checklist Item page.

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 #: _____

2. 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.

If you have received any of the below documents provide the number assigned to the document (“Document Number”), the issuance date, and expiration date. Upload a color copy of the front and back of the document, and any other documentation of authorization to be employed in the United States into the ‘eLicensing’ system on the Applicant Case Checklist Item page.

| 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 | | | |

3. 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.

If you are submitting any of the below documents from List # 1 or # 2, upload a legible color copy of the front and back of the document that includes the document number, issuance date, and expiration date into the ‘eLicensing’ system on the Applicant Case Checklist Item page.

| <u>Column # 1</u> Documents that Establish Identity | <u>Column # 2</u> 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 your 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; or (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 your 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 | |

PASSPORT

Have you ever been issued a Passport? YES NO

If “YES,” complete the following:

| Passport Number | Country of Issue | Place Issued | Date Issued | Expiration Date |
|-----------------|------------------|--------------|-------------|-----------------|
| | | | | |
| | | | | |
| | | | | |

RESIDENCE

Provide the information regarding your residences for the last ten (10) years or from age 18, whichever is fewer years. Begin with your current residence, then list in reverse chronological order. Include residences while attending college or while in the military service.

| Dates | | Address (Number, Street, Apt. #, City/Town, State/Province, Zip Code) | Own Or Rent | Name, Address & Telephone No. of Mortgage Company or Landlord, if any |
|------------|------------|---|-------------------|--|
| (Mo / Yr.) | (Mo / Yr.) | | | |
| | | | | |
| | | | | |
| | | | | |

EMPLOYMENT HISTORY / MILITARY SERVICE

Employment History

1. Provide the information regarding your employment for the last ten (10) years or from age 18, whichever is fewer years. Begin with your current job, then list in reverse chronological order. Provide dates of any unemployment between jobs in proper sequence.

Include all part-time, full-time employment and any military service.

For any casino, horse racing, gaming or sports wagering/betting related employment, list your license number under "Title/Position Held and Description of Duties".

Military Service

2. 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 | Name of Supervisor | Explain Circumstances for Leaving and Provide Compensation at Departure |
|------------|------------|--|--|-----------------------|---|
| (Mo / Yr.) | (Mo / Yr.) | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Discharge, Firing Termination and Resignation

3. Have you ever been discharged (i.e. fired/terminated) or asked to resign from employment? YES NO

If "YES," complete the following chart:

| Name & Address of Employer | Date of Discharge or Resignation | Explain Circumstances for Discharge or Resignation |
|----------------------------|----------------------------------|---|
| | | |
| | | |

CIVIL, CRIMINAL AND INVESTIGATORY PROCEEDINGS**IMPORTANT:**

The Commission **will investigate** to establish whether the individuals listed in this application have had any involvement with law enforcement agencies. Failure to disclose any such involvement will be taken into account when assessing the Applicant's character, honesty and integrity.

This section asks about any arrests, offenses or charges against "you," which means the Applicant.

Prior to answering this question, carefully review the DEFINITIONS and INSTRUCTIONS.

DEFINITIONS: For purposes of this question only:

- 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" includes all sports wagering/sports betting, gaming and gambling offenses in any jurisdiction except juvenile court. "Offense" also includes all driving-related charges or offenses that carry any period of incarceration. Examples include: Driving Under the Influence; Driving While Intoxicated; Driving While Suspended; Driving While Revoked; Fleeing and Eluding; Falsified Registration Plates; and False Reports.

INSTRUCTIONS:

a. **Answer "Yes"** and provide *all* information to the best of your ability **EVEN IF:**

- 1) You did not commit the offense charged;
- 2) The charges were dismissed or downgraded to a lesser charge;
- 3) You completed a pretrial intervention or other rehabilitation or diversionary program;
- 4) You were not convicted;
- 5) You did not serve any time in a correctional facility;
- 6) The charges or offenses happened a long time ago; or
- 7) You were not arrested for the charge.

b. **Answer "No"** if:

- 1) You have never been charged with or arrested for any crime or offense;
- 2) 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; or

3) 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.

Question:

Has the Applicant ever been indicted, arrested, charged with, or convicted of, a criminal offense, gambling offense, gaming offense, sports wagering offense, or been a party to or named as an unindicted conspirator in any criminal proceeding in this state or any other jurisdiction?

Yes No

If “YES,” use the chart below to provide information concerning criminal history.

IMPORTANT

The Commission will investigate to establish whether the identified individual ha 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

Arrests and Charges

1. As defined above, 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) |
|---|---------------------------|--|--|-------------------|
| | | | | |
| | | | | |
| | | | | |

Criminal Indictment, Information, or Complaint Filed

2. 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 |
|---|----------------------|---------------------|------|
| | | | |
| | | | |

Subject of an Investigation

3. 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 in any jurisdiction other than in response to minor traffic related offenses? YES NO

If "YES," complete the following chart:

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

PERMITS, LICENSES, CERTIFICATES, AND REGISTRATIONS

Have you or any business entity with which you are or were associated, ever applied for, or held a license, permit, registration, certificate, finding of suitability, qualification or other authorization in connection with any form or type of casino, gaming/gambling, or sports wagering/ betting in any jurisdiction? YES NO

If "YES," complete below:

| Name & Address of Applicant | Name & Address of Licensing Agency/Organization | Type of License, Permit, Registration, Certificate or Approval | Date of Application | Disposition (Granted, Denied, Pending, Withdrawn) |
|-----------------------------|---|--|---------------------|---|
| | | | | |
| | | | | |
| | | | | |

**ILLEGAL USE OF CONTROLLED DANGEROUS SUBSTANCES;
USE OF ALCOHOL; PROBLEM GAMBLING**

Illegal Drug Use

1. 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 with a detailed explanation (dates, jurisdictions, etc., as applicable, for full explanation).

Alcohol Use

2. The use of alcohol by licensees may be prohibited in a casino, sports wager facility or a sports wagering operation. Any use of alcohol that adversely affects job performance or one's conduct, may be the basis for disciplining a non-gaming employee or non-wagering employee or revocation of a non-gaming or non-wagering license. Does this present a problem for you? YES NO

If "YES," explain below with a detailed explanation:

Problem Gambling

3. Are you a compulsive gambler, or have you ever been voluntarily or involuntarily excluded from any gaming facility, horse racing facility, or sports wagering/betting facility ? YES NO

If "YES," please explain with a detailed explanation listing the jurisdiction, if applicable.

The remainder of this page is intentionally left blank.

AUTHORIZATION FOR RELEASE OF INFORMATION

TO: _____
(To be completed by the Commission)

FROM: _____
(Printed Name of Applicant)

I am an applicant for a Non-Gaming / Non-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 Non-Gaming / Non-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

Stamp or Seal

Printed Name

My commission expires _____, 20_____

AFFIDAVIT OF INDIVIDUAL APPLICANT

I, _____ (printed name) am an applicant for a Non-Gaming / Non-Wagering Employee License in the State of Maryland. I have read, and understand every page of this Application.

To the best of my knowledge, information, and belief, the information that I have provided in, or attached to, or otherwise submitted in connection with this Application 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 Non-Gaming / Non-Wagering Employee License, or may result in the Commission imposing sanctions against me, up to and including revocation of my license if I have been issued a license, or denial of a license. I understand that any misrepresentation or omission on this Application may also subject me to civil or criminal liability. I also understand that providing the Commission with false or misleading information is grounds for the Commission to reject the application, or to suspend or revoke a license, if one has been issued. I also understand that if I am issued a license, I have an ongoing obligation to comply with all licensing requirements and to promptly notify the Commission if any information that I provided to the Commission changes.

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, its employees, agents, and vendors (collectively, "the Commission"), for purposes of its investigation of the application for a Non-Gaming / Non-Wagering 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 the any individual or person and the use of that information in connection with investigating and processing the application for a Non-Gaming / Non-Wagering Employee License.

| | |
|---|-------|
| _____ | _____ |
| 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

Stamp or Seal

Printed Name

My commission expires _____, 20____

ACKNOWLEDGEMENT AND DISCLOSURE

I understand and acknowledge with my initials and signature the following:

The Maryland Lottery and Gaming Control Commission ("Commission"), through its employees, agents and vendors, is required by law to conduct a background investigation of each applicant for a license. Each applicant must prove by clear and convincing evidence that he/she is suitable and qualified for the license. Initials _____

I am applying for a Maryland Non-Gaming / Non-Wagering License. I cannot be employed in a job that requires this license unless the Commission finds that I meet the legal requirements and qualifications for licensure. I am required to submit correct and accurate information, and I am prohibited from submitting false or misleading information to the Commission. Failure to disclose any required information will be considered when assessing my character, honesty and integrity, and may disqualify me. Initials _____

During the investigation, the Commission is required to collect and evaluate various kinds of information or reports to determine if an applicant meets the eligibility and qualification requirements for licensure. The background investigation will include, but not be limited to, information or reports about my: character; general reputation; personal characteristics, including my honesty and integrity; credit worthiness; financial stability; criminal record, record of involvement with law enforcement agencies, as specified in the application, or record of involvement with civil litigation. 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. Initials _____

Approval for any license issued by the Commission is based on the specific information that I submit to the Commission, whether contained within, attached to, or subsequent to, this application. Changes to any of that information may alter my suitability for licensure. Therefore, I have a continuing obligation for the entire period I am licensed, to inform the Commission of any changes to the information that I submit on my application; on any document attached with this application; or to any information or document I submit subsequent to the submission of this application. Changes include, but are not limited to, contact information (physical/email addresses and phone numbers); name changes; gaming or sports wagering sanctions or penalties imposed by any jurisdiction; arrests, charges, or convictions for any offense; or my ability to maintain my credit stability. Initials _____

I am requesting that the Commission, through its employees, agents or vendors, obtain this information about me to evaluate my eligibility for a Maryland Non-Gaming / Non-Wagering License. I acknowledge that this disclosure and authorization remains in effect during the time my application is pending and for the duration of any Non-Gaming / Non-Wagering License that I may be issued. Initials _____

| | |
|---|-------|
| _____ | _____ |
| 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____

**ACKNOWLEDGEMENT OF FEDERAL BUREAU OF INVESTIGATION (FBI)
PRIVACY STATEMENT and RIGHT TO CHALLENGE INFORMATION****FBI Privacy Act Statement:**

This privacy act statement is also located on the back of the FD-258 fingerprint card.

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.
(As of 03/30/2018)

Right to Challenge FBI Criminal History Record:

As an applicant, you have the opportunity to complete, or challenge the accuracy of, the information contained in the FBI identification record. The procedures for obtaining a change, correction, or update of an FBI identification record are set forth in 28 CFR 16.34. Information regarding this process may be found at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.

I understand and acknowledge receipt of the statements contained in this Acknowledgment of FBI Privacy Statement Right to Challenge Information in my FBI criminal history record. I understand that I am permitted a reasonable amount of time to correct or complete my FBI identification record within the process for applying to the Maryland Lottery and Gaming Control Commission in an attempt to obtain a license.

Applicant Signature_____
Date_____
Printed Name

Military Records Form

Forms and their related submission procedures are periodically updated by the US Government. To ensure that the most current form is utilized, it is recommended that the Applicant visit:

www.archives.gov/veterans/military-service-records/standard-form-180

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. Upload the completed document into the ‘eLicensing’ system on the Applicant Case Checklist Item page.

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

1. General Information. The Standard Form 180, Request Pertaining to Military Records (SF 180) 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 SF 180 for record locations and facility addresses. Medical information may be withheld from a patient if determined that the information would be detrimental to the patient's physical or mental health or would likely cause the patient to harm himself or someone else.

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 (OHS, 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 authorized legal recipient has access to almost any information contained in that member's own record. The authorization signature of the service member or the member's authorized legal recipient is needed in Section III of the SF 180. 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 authorized legal recipient. If the appropriate signature cannot be obtained, only limited types of information can be provided (DoD 6025.18-R CS). If the former member is deceased, the surviving next-of-kin (NOK) may be entitled to greater access to a deceased veteran's records than a member of the general public (DoD 6025.18-R C6.2.1.2). The NOK may be any of the following: unmarried/surviving spouse, father, mother, son, daughter, sister, or brother. Requesters **MUST provide proof of death, such as the DD Form 1300, Casualty Report, 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 or 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 copies of documents in the requested record, you will receive an invoice. Copies will be sent after payment is made. For more information see <http://www.archives.gov/st-louis/archival-records/military-personnel-archival/omgf-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 I of the SF 180. The COMPLETE address must be provided, INCLUDING any apartment/suite/unit/lot/space/etc. number. NOTE: If requester desires to send his/her record to a third party, he/she must fill out a DD Form 2870 authorizing the releasing agency to release the record and the timeframe of the authorization. The form may be downloaded using most commercial web search tools by entering "DD Form 2870" as a search term.

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-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 (OHS, 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 (MP), 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.**

REQUEST PERTAINING TO MILITARY RECORDS

Requests can be submitted online 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. | NATIONAL GUARD | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6. PLEASE LIST LAST FOUR DUTY STATIONS, IF KNOWN: 1. _____ 2. _____ 3. _____ 4. _____ | | | | | | |
| 7. IS THIS PERSON DECEASED? <input type="checkbox"/> NO <input type="checkbox"/> YES - <i>MUST provide Date of Death if veteran is deceased.</i> _____ | | | | | | |
| 8. DID THIS PERSON RETIRE 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 (Date of Separation): _____
 This form contains information used to verify military service. An UNDELETED DD Form 214 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. Please note - recent veterans may be able to request a DD Form 214 through milConnect by visiting: <https://www.va.gov/records/get-military-service-records/>
 An UNDELETED copy will be sent UNLESS YOU SPECIFY A DELETED COPY by checking this box: I want a DELETED copy.
- Official Military Personnel File (OMPF):** The OMPF may include duty stations and assignments, training and qualifications, awards and decorations received, disciplinary actions, administrative remarks, enlistment and/or discharge information (including DD Form 214, Report of Separation, or equivalent), and other personnel actions. Detailed information about the veteran's participation in battles and their military engagements is NOT contained in the record.
- Medical Records:** Includes health (outpatient), extended ambulatory, and dental records. If inpatient/hospitalization records are requested, please specify below.
 I request inpatient/hospitalization records from _____ (facility), last treated in _____ (year). (NOTE: Fields are required)
 If available, you may receive copies of inpatient narrative summaries, operative reports, discharge summaries, etc. contained in the record.
- Dental Records:** Please check this box if ONLY dental records are needed from the medical record.
- Other (Please Specify):** Information related to any military court martial or charges filed against me under Article 15 of the Uniform Code of Military Justice.

2. PURPOSE: (Providing information about the purpose of the request is 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: 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

1. REQUESTER NAME: _____ 2. RELATIONSHIP TO VETERAN: _____

- 3. I am the MILITARY SERVICE MEMBER OR VETERAN identified in Section 1, above.
- I am the DECEASED VETERAN'S NEXT-OF-KIN (MUST submit Proof of Death. See item 2a on instruction sheet.)
- I am the VETERAN'S LEGAL GUARDIAN (MUST submit copy of Court Appointment) or AUTHORIZED REPRESENTATIVE (MUST submit copy of Authorization Letter or Power of Attorney)
- OTHER (Specify): Maryland Lottery and Gaming Control Commission

4. SEND INFORMATION/DOCUMENTS TO:
 (Please print or type. See item 4 on accompanying instructions.)

MLGCC - Mgr/Licensing and Investigations Division

Name _____

1800 Washington Boulevard, Suite 330 _____

Street Address _____ Apt. # _____

Baltimore MD 21230

City State ZIP Code

(410) 230-8800 (410) 230-8857

Daytime Phone Fax Number

gaming.services@maryland.gov

Email Address

5. 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 3 is true and correct and that I authorize the release of the requested information. (See items 2a or 3a on the accompanying instructions 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 _____

* This form is available at <http://www.archives.gov/veterans-military-service-records/standard-form-180.pdf> on the National Archives and Records Administration (NARA) web site. *

