## ACKNOWLEGEMENT AND DISCLOSURE

	Representative of an Applicant), the Representative of an ering Construction Vendor Certification, understand and ng:
Gaming and Non-Sports Wagering Construction Ve ("Applicant") (name business with a Maryland Sponsoring Entity as describe approves the Applicant. The Applicant must meet and continuous Maryland SDAT compliance. The Commission	Representative of an Applicant), am applying for a Non- endor Certification on behalf of the Vendor Applicant of the Vendor Applicant). The Applicant cannot conduct d in Section A.1 of this Application, unless the Commission d maintain the legal requirements for approval, to include sion, through its employees, agents and vendors, is required an Applicant for a Non-Gaming and Non-Sports Wagering Initials
During the investigation, the Commission is required to collect and evaluate various kinds of information or reports to determine if Applicants meet the eligibility and qualification requirements for certification. The background investigation will include, but not be limited to, information or reports about the Applicant's: character; general reputation; personal characteristics, including honesty and integrity; financial stability; debts to State agencies; criminal records, records of involvement with federal, state or other law enforcement agencies as specified in the application, or record of involvement with any litigation. As a representative, 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 the Applicant's rights under federal credit reporting law.  Initials  Initials  Initials	
Applicant to evaluate their eligibility for approval. I ac	oyees, agents or vendors, obtain this information about the knowledge that this disclosure and authorization remain in the duration of any Non-Gaming or Non-Sports Wagering Initials
	am authorizing any entity or individual that has information rmation to the Commission for purposes of its investigation gering Construction Vendor Certification.  Initials
Signature of Individual Completing Form	Date
Printed Name	Title
NOTARY PUBLIC	
, certifies that the above named in	County of, in the State of dividual appeared in person, and before me, either known to me cribed to the within instrument and signed the Authorization and, and to which witness my hand and seal.
	Notary Public
Stamp or Seal	Printed Name
My co	ommission expires
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