WASHINGTON STATE GAMBLING COMMISSION

LOCATION: 4565 7th Avenue SE, Lacey WA 98503 MAILING ADDRESS: P.O. Box 42400, Olympia WA 98504-2400 TELEPHONE: 360-486-3440 – FAX NUMBER: 360-486-3631 TOLL-FREE: 1-800-345-2529 – TDD: 360-486-3637

WEB SITE: www.wsgc.wa.gov

CLASS III INDIAN GAMING EMPLOYEE CERTIFICATION

* * * * CAUTION * * * *

Fees will not be refunded after issuance of a temporary certification.

Failure to complete all information and requirements may cause delays or denial of your application.

* * SPECIAL INSTRUCTIONS * *

- ♦ Please type or print all answers. Do not use pencil.
- ◆ Submit a current photograph (no smaller than 2" x 3", nor larger than 3" x 5") ensure the photograph is a full facial view. Write your name on the back of the picture.
- ♦ All new applicant employees are required to provide proof of identity. Please provide a copy of one of the following documents: a valid driver's license, a tribal identification card, a state identification card, or a valid passport. If you have any questions, you may contact your Licensing Specialist at 1-800-345-2529, ext. 2331.
- ♦ You are required to submit a fingerprint card (FD-258), follow the instructions (GC5-221 and GC5-222)

APPLICANT INFORMATION							
1.	Last Name:						
	First Name: MI: MI:						
	Alias Name:						
	Social Security #: - Birthdate: /						
	Home Address: Street / Box Number						
	City State Zip						
	Telephone: Home: - - - - - - - - - - - - - - - - - - -						
_	Cell:						
2.	Have you ever been issued a license / permit to work in a gambling activity? <i>IF YES</i> , complete the following:						
	City:						
	County: State:						
	Date: From / To To						
QUESTIONS TO DETERMINE LICENSE FEE REQUIRED 3. Answer the following question to determine the fee of the Class III Certification you will need. Over the past five (5) years, have you lived outside the state of Washington for a total of six (6) or more months? (If you are reinstating or reapplying and you paid out-of-state fees with your original application, and have not resided out of Washington State since your original application, mark NO and pay the in-state fee.)							
	EMPLOYMENT INFORMATION Tribal Number: TR-						
4.	Name of Tribal Employer:						
	Name of Subcontractor:						
	Position Title: Pre-Certification – Tribal license issued, include the results and preliminary TGA determination. Class C / Subcontractor (69C)						
Business Office Use Only:							
	Code: 211- Date:						

	HAVE YOU EVER (as a JUVEN	ILE or an ADULT):					
CRIMINA HISTOR STATEME	1. Forfeited bail or paid a fine over \$25? 2. Been arrested or charged with a crime? 3. Been convicted or jailed? 5. Are you subject to any warrants failure to appear charges? 6. Had a gambling license denied						
	violations may be excluded from						
Date Charged	Charge	City	County	State	Disposition and Date		
MILITARY S	ERVICE: Yes No Dates Serv	/ed: From:	To: Type of Discharge:		harge:		
OATH OF APPLICANT							
revocation of any certification granted. I agree to notify the Tribal / State Gaming Agency if any information required on this application and / or my Personal / Criminal History Statement, changes or becomes inaccurate in any way. I understand that if I fail to make such notification, it may constitute grounds for denial, suspension or revocation of my temporary or permanent state certification. I further understand that the State Gaming Agency (Washington State Gambling Commission) may revoke, suspend or deny a state certification for any reason(s) it deems to be in the public interest under the provisions of Chapter 9.46 of the Revised Code of Washington.							
Signature:		Date: / /					
TRIBAL AUTHORIZATION I hereby authorize the applicant to submit this application as a Class III Indian Gaming Employee.							
Last Name:							
First Name: MI: MI:							
Title:							
Authorizing Tribal Agent: Date: / //							
WAIVER FOR TRIBAL MEMBERS ONLY Under the terms of the Tribal State Compact – if you are a Tribal member of the Tribe that you are applying for, you are required to sign the waiver below. I agree to submit to state certification to the extent necessary to determine qualification to hold such certification, including all necessary administrative procedures, hearings and appeals pursuant to RCW 9.46 , WAC 230-17 , and the State Administrative Procedures Act, RCW 34.05 . I further waive any immunity defense, or other objection that I might have in allowing the Washington State Gambling Commission to exercise their authority pursuant to the provisions of the Tribal State Compact for Class III Gaming.							

YOUR APPLICATION AND THE PUBLIC RECORDS ACT

From the moment we receive your application, it becomes a public document subject to the Public Records Act (RCW 42.56) and other Washington laws. The Commission may disclose to the public, other state or federal agencies, or discuss at a public meeting all information set forth in this application and all supplemental information submitted. The Commission responds to public document requests through a Public Disclosure Request process. In the event that the Commission receives a public disclosure request regarding this application or the license file established, you may request in writing, that the Commission notify you of such request as provided in RCW 42.56.540.

Name of Tribe:

Signature of Tribal Member:_____