



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
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 WEB SITE: www.wsgc.wa.gov

CLASS III TRANSFER / ADD EMPLOYER

**** IMPORTANT READ BACK PAGE ****

(Mark appropriate boxes.)

TYPE OF APPLICATION

Transfer:

FEE: \$ _____

\$61.00 Fee:

\$65.00 Fee:

- Licensed Card Room (68) to Tribal Employer (69)
- Tribal Employer (69) to Tribal Employer (69)
- Class C / Subcontractor Tribal Employee (69C) to Class C / Subcontractor Tribal Employee (69C)
- Tribal Employer (69) to a Licensed Card Room (68)

1. Name of Applicant: _____
Last Name

_____ First Name _____ Middle Name

Social Security Number: _____

Address: _____
 _____ City _____ State _____ Zip
 _____ County _____ Telephone

2. Current or Previous Employer: _____
Name
 _____ City _____ Telephone

3. **New Employer:** _____
Name
 _____ City _____ Telephone

4. First Day of Work: _____/_____/_____ Expiration Date: _____/_____/_____
 Applicant License #: _____

5. Since your last application, have you been charged with a crime, paid a fine, been arrested, jailed, convicted, gone through diversion or placed on probation?
 Yes No **If yes, please attach a statement of explanation.**

Business Office Use Only:
 Code: 211-____ Date: ____/____/____ Amt: \$____.00 Val #: _____

