



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: 360-486-3630
TOLL-FREE: 1-800-345-2529 / WEB SITE: www.wsgc.wa.gov

SELF-EXCLUSION REMOVAL FORM

INSTRUCTIONS

- ❖ Only the enrolled person may sign and submit this form.
- ❖ Completed removal forms will be processed as they are received. Removal can take 7-10 business days.
- ❖ All fields must be completed. Incomplete forms will be rejected.
- ❖ Clearly print all information.
- ❖ Please read the entire form carefully.
- ❖ Submit a completed form and present proof of identity:
 - In-person at WSGC (Lacey address) by appointment only.
 - Mail form to WSGC (P.O. Box) and the form must be:
 - Notarized, or
 - Signed by Problem Gambling Counselor
- ❖ Acceptable forms of proof of identity to bring to WSGC Office:
 - Valid driver's license,
 - Valid government ID containing person's name, photo, and DOB
 - Valid passport

A PERSONAL INFORMATION			
NAME: Last	First	Middle	
ALIASES			
ADDRESS:	Street or Route	City	State or Country Zip Code
HOME / CELL PHONE ()	ALTERNATIVE PHONE 1 ()	ALTERNATIVE PHONE 2 ()	
DATE OF BIRTH	DOL – STATE AND NUMBER	EMAIL	

B RELEASE		
<p>I understand that by removing myself from the self-exclusion program I do not have a cause of action against the state of Washington, the commission, or any gambling establishment, its employees, or officers for any acts or omissions in processing or enforcing the requirements of the self-exclusion program, including a failure to prevent an individual from gambling at an authorized gambling establishment. RCW 9.46.071(1)(e).</p> <p>I hereby release, indemnify, hold harmless and forever discharge the State of Washington and the Washington State Gambling Commission, and its employees and agents, from any claims, damages, loses, expenses or liability to me and my heirs, administrators, executors and assigns for any harm, monetary or otherwise, which may arise out of, by reason of or related to, my self-exclusion and for any act or omission relating this request for self-exclusion. This includes, but is not limited to, a house-banked card game licensee's or any Tribe's or any other Washington state gambling activities' (1) failure to withhold gambling privileges from, or restore gambling privileges to me, or (2) permitting or not permitting me to engage in gambling activity while I am on the list of self-excluded persons.</p>		
By signing below, I acknowledge that I understand the implications of my decision and request that I be removed from the Self-Exclusion list.		
SIGNATURE	PRINT NAME	DATE

C APPLICATION ACCEPTANCE

IN PERSON: Completed by WSGC staff person.

WSGC EMPLOYEE INFORMATION

LOCATION (WSGC Office)

SIGNATURE

PRINT NAME

JOB TITLE

DATE

Type of ID Reviewed:

DOL – State: _____, ID #: _____, Expiration Date: _____

Gov't ID –
Type of ID: _____, ID #: _____, Expiration Date (if applicable): _____

Passport – Country: _____, #: _____, Expiration Date: _____

MAIL IN: Notarization or Signature of Problem Gambling Counselor

<p>Subscribed and sworn to (or affirmed) before me this _____ day of, _____ 20 _____,</p> <p>by _____</p> <p><input type="checkbox"/> Personally known to me.</p> <p>or</p> <p><input type="checkbox"/> Proved to me on the basis of satisfactory evidence to be the person who appeared before me.</p>	<p>NOTARY PUBLIC SEAL</p> <p>Signature of Notary Public:</p> <p>My Commission Expires on:</p>
---	---

<p>Certified Gambling Counselor SIGNATURE:</p>	<p>PRINT NAME:</p>
--	--------------------

<p>DOH Credential #:</p>	<p>DATE:</p>
--------------------------	--------------