



New Mexico
Gaming
Bingo Staff Permit
Renewal Application

New Mexico Gaming Control Board

4900 Alameda Blvd. NE
Albuquerque, NM 87113
Phone: (505) 841-9700
Fax: (505) 841-9725
WEB: WWW.NMGCB.ORG

New Mexico Gaming Control Board

Bingo Staff Permit Renewal Application Checklist

INCLUDE THE FOLLOWING:

- \$50.00 Application fee for a 3 year licensure

- Complete Application

- Complete applicant's investigation
 - Notary Public must notarize your signature

- Complete self disclosure form

- Include passport photo or email digital photo.
 - If emailed, photo must be received before your application is submitted.

- Renewing Staff Permits must be submitted at least 10 days prior to expiration. Those submitting after the deadline must also submit the applicable late fee.

INCOMPLETE APPLICATIONS MAY NOT BE ACCEPTED



4900 Alameda Blvd. NE
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New Mexico Gaming Control Board
BINGO STAFF PERMIT RENEWAL APPLICATION
\$200.00 Application Fee for a three year licensure
Revised July 2009

Applicant's Printed Name (last, first, middle)					Staff Permit Number	
Maiden/Married Names Past or Presently Used (Attach separate sheet if necessary)				Nicknames, Aliases, or any name that you have ever been known by (Attach separate sheet if necessary)		
Sex <input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number	Other Social Security Number Used <input type="checkbox"/> Yes* <input type="checkbox"/> No *If "Yes", attach details		Drivers License No. / I.D. # & State License Issued		
Date of Birth	Place of Birth (city, state, country)					
Height	Weight	Hair Color	Eye Color	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	*If "No", attach details and indicate Alien Registration Number here:	
Physical Address					Contact Number ()	
City	State	Zip	County	Length at This Address		
Mailing Address, if different from Physical Address (city, state, zip)					Email Address	

Position applying for: <input type="checkbox"/> Bingo Manager <input type="checkbox"/> Alternate Bingo Manager <input type="checkbox"/> Caller				Bingo Licensee #		
Are you replacing another person? <input type="checkbox"/> Yes* <input type="checkbox"/> No *If "Yes" Name of person you are replacing:						
Name of establishment(s) you will be working:				Phone:		

Please note bingo managers and alternate bingo managers must be a member.

Declaration under the Penalty of Perjury:

I, _____, declare that I have completed this application and certify, **under penalty of perjury**, that all of the information is true, accurate, and complete. All of the required information has been fully described and disclosed, and that I am duly authorized to make this application. I further declare that **I assume full responsibility for the lawful operation of all activities conducted** under the license for which this application is made, and that I have not been convicted of a felony in the last 10 years from the date of this application.

 Applicant's Signature

 Date

For persons applying for bingo manager or alternate bingo manager:

I declare that I have been a member of the organization for a period in excess of six months.

 Applicant's Signature

 Date

FOR AGENCY USE ONLY
 GCB BR-004 (Rev. 05/09)

STAFF PERMIT RENEWAL FEE.....\$50.00	<input type="checkbox"/> Check #_____	<input type="checkbox"/> Money Order #_____	Application Control #	Entity Control #
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APPLICANT'S INVESTIGATION AUTHORIZATION

AND

REQUEST TO RELEASE INFORMATION

Applicant's Printed Name

1. I/We, _____, hereby authorize the New Mexico Gaming Control Board or its designee ("collectively, "Board") to conduct a complete investigation into my/our personal background, using whatever legal means they deem appropriate. I/We hereby waive any rights of confidentiality in this regard.
2. I/We hereby authorize and request a review, full disclosure, and release of any and all information, materials, and documents concerning me/us requested by the New Mexico Gaming Control Board ("Board"), its agents, or employees, whether the information, materials, and documents are of a public, private, or confidential nature and whether the information, materials, and documents would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.
3. I/We understand that by signing this request, a credit records check will be conducted. I/We authorize any credit reporting agency to release to the Board, its agents, or employees, a complete and accurate record of my/our financial transactions.
4. I understand that by signing this authorization, a criminal history check will be performed. I authorize the Board to obtain, maintain, and use from any source, any information concerning me contained in any type of criminal history record files, wherever located. I understand that the criminal history record files contain records of arrests that may have resulted in a disposition other than a finding of guilt (i.e., dismissed charges, or charges that resulted in a not guilty finding.) I understand that the information may contain listings of charges that resulted in suspended imposition of sentence, even though I successfully completed the conditions of said sentence and was discharged pursuant to law. I authorize the release of this type of information, even though this record may be designated as "confidential" or "nonpublic" under the provisions of state or federal law.
5. I/We authorize the Board, its agents, or employees to determine the persons or entities to whom this Request is to be presented.
6. I/We understand that the Board, its agents, or employees will conduct a complete and comprehensive investigation to determine the validity of all information gathered. The Board, the State of New Mexico, and the agents and employees of either, will not be held liable for inaccurate information.
7. If this Request is not sufficient to obtain access to certain records, I/we understand that I/we may be asked to sign another appropriate authorization or release and that any failure to do so may be taken into consideration by the Board, its agents, or employees in reviewing my/our application.
8. I/We understand that I/we may revoke this Request in writing at any time and that the Board, its agents, or employees may take the revocation into consideration in reviewing my/our application.
9. This Request is valid for a period not to exceed 18 months from the date of execution.
10. I/We, consent to the disclosure of information compiled by the Board in connection with my application to any law enforcement or any regulatory agency of this or any other state, the government of the United States, any foreign country, or any Indian Tribe. I/We understand any information could include any information contained within the application, within financial or personnel records, any information found or obtained from any source, and any information maintained by the Board.

(Continued on next page)



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New Mexico Gaming Control Board SELF-DISCLOSURE FORM

Entity Requesting Background			
Address		Phone Number	
City	State	Zip	

Applicant's Information

Applicant Name(s)	Last Name	First Name	Middle Name
Current			
Past/Maiden			
Other Name(s)			
Other Name(s)			
Social Security Number		Date of Birth	

Self Disclosure Information:

Please answer the following questions. If your answer is "YES" to any of the questions below, please provide details. Provide the date the crime and/or findings, and in what US state, or foreign country, the crime was committed. Have you ever been:

- Convicted of any crime? Yes No
- Found to have a sexually assaulted, physically abused, or exploited a child or adult? Yes No
- Found to have violated a protection order or restraining order? Yes No
- Convicted of a felony? Yes No

Details of any "YES" answers:

I understand that if any of the information provided above is found to be false, it may preclude me from being approved for a staff permit.

This document is signed and sworn under penalty of perjury. I certify that the above information is true and correct. My signature below authorizes _____ the New Mexico Gaming Control Board to obtain conviction records from the New Mexico Police Departments and other states.

 Signature of Applicant

 Date