



New Mexico Gaming Control Board

STAFF PERMIT REGISTRATION FORM
July 2009

Applicant's Printed Name (last, first, middle)		Social Security Number	Universal Staff Permit Number
Name of Establishment(s) Requesting to Register At:			
Phone	Job Title	Supervisor's Name	Start/Effective Date
Name of Establishment(s) Currently Employed For:			
Phone	Job Title	Supervisor's Name	Start/Effective Date

CURRENT CONTACT INFORMATION

Mailing Address	Phone
Driver's License Number/State Issued: (Please Attach Copy of Driver's License)	Email Address

CRIMINAL HISTORY (Please Provide ANY NEW information since Initial Application/Registration)

1. Have you been delinquent in the payment of any judgments filed against him/her or, in the payment of any child support? Yes No
2. Have you been served with a criminal summons, arrested, charged, or convicted of any or felony offense? Yes No
 If YES, explain and attach all court documentation.

AFFIRMATION & CONSENT

I, Applicant's Printed Name, state under penalty of perjury that the entire Staff Permit Application, statements, attachments, and supporting schedules are true and correct to the best of my knowledge and belief, and that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for the refusal to issue a Staff Permit by the State of New Mexico. Further, I am aware that later discovery of an omission or misrepresentation made in the above statements may be grounds for the denial of a Staff Permit or the revocation of the staff permit. I am voluntarily submitting this application to the New Mexico Gaming Control Board under oath with full knowledge that I may be charged with perjury or other crimes for intentional omissions and misrepresentations pursuant to New Mexico law. I further consent to any background investigation necessary to determine my present and continuing suitability. I also agree that the State of New Mexico, its agencies, officers and assigns, shall be entitled to collect from me all expenses it incurs in processing this Staff Permit Application. If I fail to pay all the expenses incurred by the State for processing this Staff Permit, I agree that the State shall be entitled to recover from me any expenses incurred in pursuing its legal remedies, including, but not limited to, reasonable attorneys fees and costs.

Printed Full Legal Name (Last, First, Middle) _____

Signature (Must be notarized by notary public) _____ Date: _____ [SEAL]

State of _____)
 _____)
 County of _____)

Subscribed and sworn to before me by _____ this _____ day of _____, _____.

My commission expires: _____ Signed: _____
 Notary Public

Registration must be authorized by the Bingo Manager

Name of Bingo Manager _____

Signature of Bingo Manager _____ Date: _____