



New Mexico Gaming Control Board

**KEY PERSON UPDATE APPLICATION**  
**(Complete to report changes in Key Person Status)**

- Criminal History Change (complete questions below)   
 Title Change   
 Financial History Change (complete questions below)   
 Other \_\_\_\_\_ (please specify)

Name of Key Person		Current Title
Name of Current Affiliated Entity		Current Key Person ID #
Business Phone	Business Fax	Email Address
Driver's License #	Date of Birth	Social Security #
Mailing Address		Phone
City	State	Zip

**TITLE CHANGE AT CURRENT ENTITY ONLY**

New Title	Effective Date
Duties	Who are you replacing?

**Additional Entity in addition to or substitute of initial findings of suitability**

Entity	Title	Effective Date
Duties	Who are you replacing?	

What is the status of any NMGCB license(s) you currently hold or have previously held? (Attach separate sheet if necessary)

Entity: \_\_\_\_\_ Title: \_\_\_\_\_  WP  KA Status: \_\_\_\_\_

Entity: \_\_\_\_\_ Title: \_\_\_\_\_  WP  KA Status: \_\_\_\_\_

**Please respond to all of the questions by checking the appropriate box. The Board reserves the right to require additional information in connection with this Key Person Change Form.**

1. Have you been delinquent in the filing of any tax return or in the payment of any taxes, interest, or penalties due to any tax agency. If YES, attach an explanation and all applicable documentation.	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Have you been delinquent in the payment of any judgments filed against you, in the payment of any child support, or in the repayment of any loan. If YES, attach an explanation and all applicable court documentation.	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Have you been served with a criminal summons, arrested, charged, or convicted of any misdemeanor or felony offense. If YES, attach an explanation and all court documentation.	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Have you been arrested, or convicted of any serious driving offense, including DWI, reckless driving, leaving the scene of an accident (hit and run), driving under suspension, or revocation, or any other offense which resulted in you being taken into police custody? If YES, attach an explanation and all court documentation.	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Are you related to anyone licensed by the NMGCB or anyone licensed at the entity you are applying? If YES, please specify. (Attach a separate sheet if necessary)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Name: _____ Title: _____ Relationship: _____	
Name: _____ Title: _____ Relationship: _____	

**FOR AGENCY USE ONLY**

Registration Control #	Universal Control #	Entity Control #
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## AFFIRMATION & CONSENT

I, Applicant's Printed Name, state under penalty of perjury that the entire Key Person Update Application Form, 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 certification of finding of suitability 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 or revocation of a gaming certification. 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 and that this consent continues as long as I hold a New Mexico Gaming certification, and for 90 days following the expiration or surrender of such gaming certification. I also agree that the State of New Mexico, its agents, officers and assigns, shall be entitled to collect from me all expenses it incurs in processing this Key Person Update Application Form. If I fail to pay all the expenses incurred by the State for processing this Key Person Update Application Form, 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.

My obligation and responsibilities under the Act and Rules continue so as long as I am in possession of a Findings of Suitability.

Further, I Printed Full Legal Name, affirm that having a finding of suitability is a privilege and I have no property ownership interest in a finding of suitability.

Signature (Must be notarized by notary public) \_\_\_\_\_ Date: \_\_\_\_\_

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ )

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

My commission expires: \_\_\_\_\_ Signed: \_\_\_\_\_  
Notary Public

[SEAL]



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# APPLICANT'S INVESTIGATION AUTHORIZATION -AND- REQUEST TO RELEASE INFORMATION

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1. I/We, Applicant's Printed Name, 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 financial records check will be conducted. I/We authorize any financial institution, financial services company and/or credit reporting agency to release to the Board, its agents, or employees, a complete and accurate record of my/our financial transactions, including but not limited to internal banking memoranda, past and present loan applications, checking account records, savings deposit records, safe deposit box records, securities transactions, credit reports and any other documents relating to my/our personal or business financial records in whatever form and wherever located.
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. Upon receipt by the Board of a written request indicating an application in another jurisdiction for a gaming related license or permit, I/we consent to the disclosure of confidential information compiled by the Board in connection with my Board application to any law enforcement or any regulatory agency in that other jurisdiction, including any other state, the government of the United States, foreign country or Indian Tribe.

**APPLICANT'S INVESTIGATION AUTHORIZATION**  
**AND**  
**REQUEST TO RELEASE INFORMATION**  
 (continued)

10. I/We hereby release, waive, discharge, and agree to hold harmless, and otherwise waive liability as to the State of New Mexico, the Board, and other agents or employees of the State of New Mexico for any damages resulting from any collection, use, disclosure, or publication in any manner, other than a willfully unlawful disclosure or publication, of any material or information acquired during inquiries, investigations, or hearings, and hereby authorize the lawful use, disclosure, or publication of this material or information.
11. I/We do, for myself/ourselves, my/our heirs, executors, administrators, successors, and assigns, hereby release the providers of the information collected pursuant to this Request, and their agents and employees, from any and all liability arising out of or by reason of complying with this Request.
12. A photocopy of this Request will be considered as valid and effective as the original.

Printed Full Legal Name (Last, First, Middle) \_\_\_\_\_

Signature (Must be notarized by notary public) \_\_\_\_\_ Date: \_\_\_\_\_

Spouse's Printed Full Legal Name (Last, First, Middle) \_\_\_\_\_

Spouse's Signature (Must be notarized by notary public) \_\_\_\_\_ Date: \_\_\_\_\_

State of \_\_\_\_\_ )

County of \_\_\_\_\_ )

Subscribed and sworn to before me by \_\_\_\_\_ and \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ .

My commission expires: \_\_\_\_\_ Signed: \_\_\_\_\_

Notary Public

[SEAL]

\* If unable to obtain spouse's signature, please provide a letter explaining in detail as to why.

Signature of Gaming Control Board Representative Presenting This Request	Date
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# CERTIFICATION

I, Applicant's Printed Name, acknowledge, understand and agree that by applying for and accepting any license, certification, registration, renewal, finding of suitability, or other approval (each a "License") from the New Mexico Gaming Control Board ("Board"), I am certifying to the Board that:

1. I have read the Gaming Control Act, Sections 60-2E-1 through 60-2E-61 NMSA 1978 ("Act") and administrative rules, plans and policies adopted or approved by the Board (collectively "Rules" New Mexico Administrative Code 15.1 et seq.), and I understand and will implement the requirements including changes of the Act and Rules.
2. I have read the minimum internal controls established or approved by the Board for use by the gaming operator licensee ("Licensee") for which I am a key person, and I understand the requirements of the minimum internal controls.
3. I have read the compulsive gambling assistance plan required by the Act and Board rules and approved by the Board for use by the Licensee, and I understand the requirements of the compulsive gambling assistance plan.
4. I understand and agree that, as a key person, I am responsible for my own and the Licensee's compliance with the Act and Rules including, where applicable to my job duties, the minimum internal controls and compulsive gambling assistance plan. I understand that I am obligated to report any violations of the Act or Rules to the NMGCB.
5. I am signing this Certification with the knowledge that the Licensee and I will be subject to disciplinary action, including fines and/or revocation or suspension of the License, for failure to comply with the Act or Board rules including, where applicable to my job duties, requirements of the minimum internal controls and compulsive gambling assistance plan.

The Statutes, Rules, Act & Administrative Code, as amended and changed, can be found on our website at [www.nmgcb.org](http://www.nmgcb.org)

Printed Full Legal Name (Last, First, Middle) \_\_\_\_\_

Signature (Must be notarized by notary public) \_\_\_\_\_ Date: \_\_\_\_\_

State of \_\_\_\_\_ )

County of \_\_\_\_\_ )

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

My commission expires: \_\_\_\_\_ Signed: \_\_\_\_\_

Notary Public

[SEAL]