



Charitable Bingo Division

Texas Request for Renewal of Registry of Approved Bingo Workers Registration

B-AP-170-R (Rev. 9/08)

WHO MUST SUBMIT THIS APPLICATION

You must submit this application to be re-listed on the Registry of Approved Bingo Workers (Registry). Any person that will be involved with the conduct of bingo as an operator, manager, cashier, usher, caller, or salesperson for an annual license holder must be listed on the Registry before they may begin working in their position.

FORM SUBMISSION

By mail: Charitable Bingo Operations Division, Texas Lottery Commission, PO Box 16630, Austin, TX 78761-6630 Via Fax: (512) 344-5142
FOR ASSISTANCE in completing this form, please call 1-800-BINGO-77 (1-800-246-4677) or visit our Web site at www.txbingo.org.

GENERAL INSTRUCTIONS

- Please type or print legibly and complete all information requested. We are unable to process applications with illegible, missing, or incomplete information.
This form must be signed by the applicant.
Entry of a personal E-mail address is optional and would be used for electronic communication by the Texas Lottery Commission (TLC).
Enter the mailing address in Item J that if approved, the registration renewal notification and identification cards should be sent to if different from your home address listed in Item D.
A person will be removed from the Registry if, during the preceding ten (10) years, the person has been convicted of a felony, criminal fraud, gambling related offense, or crime of moral turpitude, or served any sentence, parole, mandatory supervision, or probation for such offense.
If approved, a person will remain on the Registry for an additional three (3) years past the end date of their most recent registry inclusion. It is the responsibility of the registered person to reapply on or before their next expiration date in order to remain on the Registry.
Any changes to information contained on this form must be submitted to the TLC in writing or by filing Schedule N-3 Notice of Change for Registered Worker within thirty (30) days of the change.
All persons listed on the Registry and their expiration date can be confirmed at www.txbingo.org.

INDIVIDUAL INFORMATION

A. Name (LAST, FIRST, MIDDLE INITIAL)
B. Social Security Number C. Driver's License Number State
D. Home Address (Street Address, PO Box, or Rural Route. Do not give directions, i.e., 5 miles north of I-20)
City State ZIP Code E. Phone Number (Area Code & Number)
F. Race G. Gender (M/F) H. Date of Birth (MM, DD, YYYY) I. E-mail Address (optional)
J. Enter the mailing address that registry approval and your Worker Registry Identification Cards should be sent to if different from your home address:
Mailing Address (Street Address, PO Box, or Rural Route. Do not give directions, i.e., 5 miles north of I-20)
City State ZIP Code

STATEMENT OF RESPONSIBILITY

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING BY SIGNING THE SPACE PROVIDED

- 1. I certify that all the information in this application is true and complete, and I understand that any misstatement, falsification, or omission of information may be grounds for disapproval to be involved in the conduct of bingo or to act as a bingo operator, or if approved, removal from the Registry of Approved Bingo Workers.
2. I understand that I am unable to be involved with the conduct of bingo in Texas until I receive notification that I am listed on the Registry from the TLC.
3. I understand that I must notify the Commission of any changes to information contained on this form within 30 days of the change.
4. I will abide by all provisions of Bingo Enabling Act and Charitable Bingo Administrative Rules.
5. When serving as an operator for an organization I am an active bonafide member of, I will be responsible for the conduct of bingo under the terms of the license, Chapter 2001, Texas Occupations Code and the Charitable Bingo Administrative Rules.
6. I understand that if approved, I must reapply on or before my Registry expiration date in order to remain on the Registry.
7. Exceptions:

sign here Applicant's Signature Print Name Date