



Charitable Bingo Division

CONDUCTOR

Schedule B – Individuals for License to Conduct Bingo

(Rev. 9/09)

WHO MUST SUBMIT THIS FORM

You must submit this schedule to disclose all officers, directors, bookkeepers, and/or operators if applying for a license to conduct charitable bingo. This schedule would also be used to add position(s) to individuals previously listed on your bingo record when filed with an application.

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 INFORMATION

- Please type or print legibly and complete all information requested for each name listed. We are unable to process individuals with illegible, missing, or incomplete information.
The name entered should be as it appears on the individual's official documents such as a driver's license. Do not use nicknames.
If an individual is listed as an operator or bookkeeper, list the six (6) digit worker registry number and expiration date. If the individual is not currently listed on the registry, please insure that a Texas Application for Registry of Approved Bingo Workers form is completed. Enter "applied for" in the worker registry number field.
The information requested below is necessary to conduct a criminal history background investigation which is authorized under the Bingo Enabling Act, Occupations Code, Chapter 2001.
Entry of a personal e-mail address is optional and would be used for electronic communication by the Texas Lottery Commission.
To remove an individual's name and position from the bingo record, a written request must be made to the Commission by the individual being removed or an officer of the organization. For your convenience, Schedule N2 - Notice to Remove Individual or Individual Positions from Organization's Bingo Record form may be submitted.
To designate an individual as a member for the purposes of conducting bingo as provided by Section 2001.411 (c-1) of the Bingo Enabling Act, and to add them as an operator or director, complete a Designated Member Form in lieu of this form.
This form can only be used when submitted with an application.

Name of Organization Taxpayer Number

A. Name (LAST, FIRST, MIDDLE INITIAL) B. Social Security Number
C. Worker Registry Number Expiration Date (MM/DD/YYYY) D. Driver's License Number State
E. Home Address (Street Address, P.O. Box or Rural Route)
City State ZIP Code F. Phone Number (Area Code & Number)
G. Race H. Gender (M/F) I. Date of Birth (MM/DD/YYYY) J. E-mail Address (optional)
K. Position (Check all that apply) 03 - Director 04 - Officer 07 - Operator 14 - Bookkeeper

A. Name (LAST, FIRST, MIDDLE INITIAL) B. Social Security Number
C. Worker Registry Number Expiration Date (MM/DD/YYYY) D. Driver's License Number State
E. Home Address (Street Address, P.O. Box or Rural Route)
City State ZIP Code F. Phone Number (Area Code & Number)
G. Race H. Gender (M/F) I. Date of Birth (MM/DD/YYYY) J. E-mail Address (optional)
K. Position (Check all that apply) 03 - Director 04 - Officer 07 - Operator 14 - Bookkeeper

Name of Organization _____ Taxpayer Number _____

A. _____ B. _____
Name (LAST, FIRST, MIDDLE INITIAL) Social Security Number

C. _____ D. _____
Worker Registry Number Expiration Date (MM/DD/YYYY) Driver's License Number State

E. _____
Home Address (Street Address, P.O. Box or Rural Route)

_____ F. _____
City State ZIP Code Phone Number (Area Code & Number)

G. _____ H. M F I. _____ J. _____
Race Gender Date of Birth (MM/DD/YYYY) E-mail Address (optional)

K. Position (Check all that apply) 03 - Director 04 - Officer 07 - Operator (must be a member of the organization and listed on the Registry of Approved Bingo Workers) 14 - Bookkeeper (must be listed on the Registry of Approved Bingo Workers)

A. _____ B. _____
Name (LAST, FIRST, MIDDLE INITIAL) Social Security Number

C. _____ D. _____
Worker Registry Number Expiration Date (MM/DD/YYYY) Driver's License Number State

E. _____
Home Address (Street Address, P.O. Box or Rural Route)

_____ F. _____
City State ZIP Code Phone Number (Area Code & Number)

G. _____ H. M F I. _____ J. _____
Race Gender Date of Birth (MM/DD/YYYY) E-mail Address (optional)

K. Position (Check all that apply) 03 - Director 04 - Officer 07 - Operator (must be a member of the organization and listed on the Registry of Approved Bingo Workers) 14 - Bookkeeper (must be listed on the Registry of Approved Bingo Workers)

A. _____ B. _____
Name (LAST, FIRST, MIDDLE INITIAL) Social Security Number

C. _____ D. _____
Worker Registry Number Expiration Date (MM/DD/YYYY) Driver's License Number State

E. _____
Home Address (Street Address, P.O. Box or Rural Route)

_____ F. _____
City State ZIP Code Phone Number (Area Code & Number)

G. _____ H. M F I. _____ J. _____
Race Gender Date of Birth (MM/DD/YYYY) E-mail Address (optional)

K. Position (Check all that apply) 03 - Director 04 - Officer 07 - Operator (must be a member of the organization and listed on the Registry of Approved Bingo Workers) 14 - Bookkeeper (must be listed on the Registry of Approved Bingo Workers)