



Charitable Bingo Division

Schedule N3 Notice of Change for Registered Worker

(Rev. 7/08)

WHO MUST SUBMIT THIS FORM

This form may be submitted by a registered worker to inform the Commission of a change to information contained on their Texas Application for Registry of Approved Bingo Workers. Changes to information should be reported within thirty days of the change.

FOR ASSISTANCE in completing this schedule, please call 1-800-BINGO-77 (246-4677) or visit our Web site at www.txbingo.org.

FOR SUBMISSION

For Mail: Charitable Bingo Operations Division Via Fax: (512) 344-5142
Texas Lottery Commission
PO Box 16630
Austin, TX 78761-6630

GENERAL INSTRUCTIONS

- Please type or print legibly and complete only the fields for the information that is changing.
This form must be signed by the registered worker.
Entry of a personal E-mail address is optional and would be used for electronic communication by the Texas Lottery Commission (TLC).
If you are requesting new identification cards in Item I, indicate if they should be sent to your home address or enter an alternate mailing address in the corresponding field. If no address is indicated, cards will be sent to your home address.

REGISTERED WORKER

A. Name (LAST, FIRST, MIDDLE INITIAL)

B. Social Security Number (optional if Worker Registry Identification Number is provided)

C. Worker Registry Identification Number (6 digits)

INFORMATION TO BE CHANGED

D. Name (LAST, FIRST, MIDDLE INITIAL)

E. Driver's License Number State

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

City State ZIP Code G. Phone Number (Area Code & Number)

H. E-mail Address (optional) Alternate Phone Number (Area Code & Number)

- I. I request new Worker Registry Identification Cards to be sent.
Send the identification cards to my home address
Send the identification cards to the alternate address below

Mailing Address (Street Address, P.O. Box or Rural Route)

City State ZIP Code

SIGNATURE

sign here Registered Worker Print Name Date