



# Schedule U1 – Employees for Unit Manager License

(Rev. 9/09)

### WHO SHOULD SUBMIT THIS SCHEDULE

You must submit this schedule if you are applying for a unit manager license to list all employees.

### FORM SUBMISSION

**For 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](http://www.txbingo.org).

### GENERAL INSTRUCTIONS

• **If you have no employees, please place a checkmark in the corresponding checkbox.**

- 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 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.
- If the employee will serve as a bookkeeper for any accounting unit, please mark the corresponding position check box. A bookkeeper is considered an individual who prepares any financial records for information reported on the Texas Bingo Conductor's Quarterly Report or who prepares and maintains bingo inventory records for a licensed authorized organization or accounting unit. Please note that all bookkeepers must be listed on the Registry of Approved Bingo Workers.
- This form can only be used when submitted with an application.

Name of Applicant	Taxpayer Number

At this time, I have no employees.

### INDIVIDUALS

**A.**   
Name (LAST, FIRST, MIDDLE INITIAL)

**B.**  **C.**    
Social Security Number                      Driver's License Number                      State

**D.**   
Address (Do not give directions, i.e., 5 miles north of I-20)

**E.**   
City                      State                      Zip Code                      Phone (area code and number)

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

Position     18 - Unit Manager Employee     14 - Bookkeeper

**A.**   
Name (LAST, FIRST, MIDDLE INITIAL)

**B.**  **C.**    
Social Security Number                      Driver's License Number                      State

**D.**   
Address (Do not give directions, i.e., 5 miles north of I-20)

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City                      State                      Zip Code                      Phone (area code and number)

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Race                      Gender                      Date of Birth (MM/DD/YYYY)                      E-mail address (optional)

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**B.** \_\_\_\_\_ **C.** \_\_\_\_\_  
Social Security Number Driver's License Number State

**D.** \_\_\_\_\_  
Address (Do not give directions, i.e., 5 miles north of I-20)

\_\_\_\_\_ **E.** \_\_\_\_\_  
City State Zip Code Phone (area code and number)

**F.** \_\_\_\_\_ **G.**  M  F **H.** \_\_\_\_\_ **I.** \_\_\_\_\_  
Race Gender Date of Birth (MM/DD/YYYY) E-mail address (optional)

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Position  18 - Unit Manager Employee  14 - Bookkeeper