# Charitable Bingo Operations Division

# Military Service Members, Military Veterans, or Military Spouses

**FORMID 138** 

# WHO MUST SUBMIT THIS FORM

Military Service Members, Military Veterans, and Military Spouses, meeting the qualifications below, applying in their individual capacity for: (1) a commercial lessor license; (2) a distributor license; (3) a manufacturer license; (4) a unit manager license; OR (5) listing on the bingo worker registry.

#### FORM SUBMISSION

**Postal Delivery:** Texas Lottery Commission, Charitable Bingo Operations Division, PO Box 16630, Austin, TX 78761-6630 **Courier Delivery:** Texas Lottery Commission, Charitable Bingo Operations Division, 1801 Congress Ave., Austin TX, 78701

Email: bingo.services@lottery.state.tx.us Fax: 512-344-5142

For Assistance in completing this form, please call 1-800-BINGO-77 (1-800-246-4677) or visit our website at txbingo.org.

## **GENERAL INSTRUCTIONS**

- Use black or blue ink.
- Please complete each item of the form. We are unable to process forms with illegible, missing, or incomplete information. If an item does not apply, enter NA.
- Please include legible copies of all required documents.
- This form must be signed by the individual.

### **EXEMPTION OF FEES**

Military Service Members or Military Veterans applying in their individual capacity for: (1) a commercial lessor license; (2) a distributor license; (3) a manufacturer license; (4) a unit manager license; OR (5) listing on the bingo worker registry, are exempt from the respective license or registry fee.

Military Spouses applying in their individual capacity for: (1) a commercial lessor license; (2) a distributor license; (3) a manufacturer license; (4) a unit manager license; OR (5) listing on the bingo worker registry, are exempt from the respective license or registry fee if the Military Spouse holds a current license issued by another state or jurisdiction that is substantially equivalent to the license or worker registry for which the Military Spouse is now applying.

For purposes of this form:

- A "Military Service Member" is an individual who is on current full-time military service in the Army, Navy, Air Force, Space Force, Coast Guard, or Marine Corps of the United States or a reserve unit of one of those branches of the armed forces, or in the Texas National Guard, Texas State Guard, or similar military service of another state.
- A "Military Veteran" is an individual who was discharged or released from full-time military service in the Army, Navy, Air Force, Space Force, Coast Guard, or Marine Corps of the United States or a reserve unit of one of those branches of the armed forces, or in the Texas National Guard, Texas State Guard, or similar military service of another state.
- A "Military Spouse" is an individual who is currently married to a Military Service Member. This term does not include the spouse of a Military Veteran or the former spouse of a current Military Service Member.

Please complete the section below that fits your status and submit this form, along with the supplemental information requested, to the Charitable Bingo Operations Division.

This form may be submitted in lieu of the license or registry fees due by the individual applicant. However, if the Charitable Bingo Operations Division ultimately determines that the individual applicant is not eligible for a fee exemption, the Division will notify the applicant of that fact and the applicant will be required to remit the requisite fee prior to the Division taking final action on the applicant's application.

# **PROOF OF MILITARY SERVICE**

Military Acceptable Documents list for active duty and veterans

One of the following is required:

- DD Form 214
- NGB Form 22
- Discharge Certificate
- Certificate of Promotion
- Combat Veteran Certificate
- Purple Heart Certificate
- Letter from Commander, OIC, or NCOIC on official letterhead
- Military orders (mobilization, separation, promotion, etc.)
- Military Leave and Earnings Statement (LES)
- Retirement Points Accounting Management Statement (RPAM)
- Officer Record Brief (ORB)
- Enlisted Record Brief (ERB)

Military Acceptable Documents list for spouses of active duty personnel

A copy of your current out-of-state license that is substantially equivalent to the license or worker registry for which you are now applying AND one of the following from Part A AND Part B are required:

Part A: Proof of active military service of spouse.

- DD Form 214
- Certificate of Promotion

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- Combat Veteran Certificate
- Letter from Commander, OIC, or NCOIC on official letterhead

- Military orders (mobilization, promotion, etc.)
  Military Leave and Earnings Statement
  Retirement Points Accounting Management Statement (RPAM)
- Officer Record Brief (ORB)
- Enlisted Record Brief (ERB)

Part B: Proof of marriage to active military service member.

• Marriage certificate

INDIVIDUAL INFORMATION					
Name (LAST, FIRST, MIDDLE INITIAL)					
,					
Drivers License Number, Texas ID Card	Number, Military ID Card Number	r	Sta	ate	
License or Registry Number (if applicable					
	<del>e</del> )				
MILITARY SERVICE MEMBI	ER				
☐ I certify that I am a Military S	Service Member, as that t	term is defined above, a	and am applying in my individ	ual capacity for:	
☐ - Commercial Lessor License	☐ - Distributor License	- Manufacturer Licen	se 🔲 - Unit Manager Licens	e 🔲 - Worker Registry	/
Please provide proof of your cu	ırrent military service. See	e list in Proof of Military	Service.		
MILITARY VETERAN					
I certify that I am a Military	Veteran, as that term is de	efined above, and am a	pplying in my individual capa	city for:	
☐ - Commercial Lessor License	🗖 - Distributor License	☐ - Manufacturer Licer	nse 🔲 - Unit Manager Licens	se 🔲 - Worker Registr	у
Please provide proof of your pr	rior military service. See lis	st in Proof of Military Se	ervice.		
MILITARY SPOUSE  ☐ I certify that I am a Military S	Spouse, as that term is de	efined above, and am a	pplying in my individual capa	city for:	
☐ - Commercial Lessor License	☐ - Distributor License	- Manufacturer Licen	se 🔲 - Unit Manager Licens	e 🔲 - Worker Registry	,
Please provide a legible photoc your current out-of-state license Service.					
AFFIDAVIT OF RESPONSIE I am fully aware that this certificorrect. I agree that I will notify fourteen (14) days of the change	cation is a government do the Charitable Bingo Ope	erations Division, Texas	Lottery Commission of any o		
My name is	(Last, First, Middle)		, my date of birth is	(MM/DD 0000	, and my
address is			, and(County)	,	
porium that the foregoing is tru		II I	OUGHLY, GLALE OF		,
perjury that the foregoing is true on the		·			
				Declarant	

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