



Changes to Individuals on a Commercial Lessor License

FORMID 23

WHO MUST SUBMIT THIS FORM

Use this form to list all partners, officers, directors, LLC members and shareholders (holding any percentage of ownership) of your organization who have not previously been disclosed to the Charitable Bingo Operations Division. This form can also be used to remove individuals from a licensed commercial lessor.

FORM SUBMISSION

This form may be submitted through the **Bingo Service Portal (BSP)**: <https://bsc.txbingo.org/bsp/faces/Common/bspLoginPage.jsf>

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: 1-512-344-5142

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

- This form must be submitted with a commercial lessor license application or if updating individuals on a commercial lessor license.
- 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.
- If additional space is needed, copy this page, and attach it to the application.
- The information requested below is necessary to conduct a criminal history background investigation which is authorized under the Bingo Enabling Act, Occupations Code, Sec 2001.102.
- The name entered should be as it appears on the individual's official documents such as a driver's license. Do not use nicknames.
- This form must be signed by the applicant.
- Incomplete applications will not be processed.
- **Complete application must include Section 1 of the required Texas Department of Public Safety (DPS) CCH form for all applicants.**

Name of Organization

Taxpayer Number

License Number

INDIVIDUAL INFORMATION ☐ ADD ☐ REMOVE

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

B. _____ **C.** _____
Social Security Number Driver's License Number ☐ ID ☐ Other (explain above) State

D. _____
Home Address (Street Address, PO Box or Rural Route)

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

F. ☐ M ☐ F **G.** _____ **H.** _____
Gender Date of Birth (MM/DD/YYYY) E-mail Address

I. Position (Check all that apply) ☐ Sole Owner ☐ Partner ☐ Director ☐ Officer ☐ Shareholder ☐ Business Contact ☐ LLC Member ☐ Authorized Representative

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I. Position (Check all that apply) ☐ Sole Owner ☐ Partner ☐ Director ☐ Officer ☐ Shareholder ☐ Business Contact ☐ LLC Member ☐ Authorized Representative

AFFIDAVIT OF RESPONSIBILITY

We declare that no individual, named in this supplement, has been convicted of a gambling or gambling-related offense or criminal fraud.

sign here
Sole Owner, Partner, LLC Member, or Officer of the Organization Print Name and Title Date

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Sole Owner, Partner, LLC Member, or Officer of the Organization Print Name and Title Date

THIS FORM IS NOT TO BE USED AS A CONSENT / AUTHORIZATION FORM.

Agency to retain this CCH Verification Form for DPS auditing purposes.

DPS Computerized Criminal History (CCH) Verification Form

Section 1: Applicant must acknowledge the information in Section 1. Signature & date required.

Applicant Name (Print):

I acknowledge that a Computerized Criminal History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411, Subchapter F <https://statutes.capitol.texas.gov/>.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process, I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online [Crime Records General Information | Department of Public Safety \(texas.gov\)](#) Review of Personal Criminal History or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me. **Acknowledge by signing below.**

Applicant Signature:	Date:
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Section 2: Agency use only. Must be completed by authorized personnel conducting search.

Agency Name:

Authorized User:

Signature of Authorized User:

Date of Name-Based CCH Search:

Section 3: Agency use only. CHRI Name Based Tracking information. Check all that apply.

Purpose for CHRI Search.	<input type="checkbox"/> Applicant <input type="checkbox"/> Volunteer <input type="checkbox"/> Contractor <input type="checkbox"/> Other:
Is any part of the Criminal History Record Information (CHRI) stored by agency?	Reminder: DPS does not recommend storing any part of CHRI. <input type="checkbox"/> NO, CHRI is not stored by agency. <input type="checkbox"/> YES, CHRI is stored by agency.
CHRI Retention Period	<input type="checkbox"/> Temporarily Only <input type="checkbox"/> Annual <input type="checkbox"/> None Stored/Saved <input type="checkbox"/> Other:
CHRI Storage Method	<input type="checkbox"/> Physical/Printed (paper copy) <input type="checkbox"/> Digital/Electronic (saved anywhere on device/computer)
CHRI Retention Purpose	Explain:
Date CHRI Destroyed	
Destruction Method	Explain:

[CHRI + Audit Resources Link](#)