



Add Individuals to a License to Conduct Bingo

FORMID 2

WHO MUST SUBMIT THIS FORM

You must submit this form to disclose all officers, directors, bookkeepers, and/or operators. This form is also used to add position(s) to individuals listed on your Conductor's License. You must submit this form for newly elected Officer(s) and Director(s) within 14 days of their installation.

FORM SUBMISSION

By mail: Texas Lottery Commission, Charitable Bingo Operations Division, PO Box 16630, Austin, TX 78761-6630

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

GENERAL INFORMATION

- Use black or blue ink.
- We are unable to process forms with illegible, missing or incomplete information or missing signatures and dates.
- Enter official names. Do not use nicknames.
- 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.
- 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 ensure that a *Application for Registry of Approved Bingo Workers FORMID 46* is completed.
- To add a designated member submit *Add Designated Member to Conductor License FORMID 62*.
- This form **must be signed and dated** by the Bingo Chairperson and an Officer/Director. If the Bingo Chairperson is unavailable, another officer may sign in lieu of the Bingo Chairperson. However, two different individuals must sign this form.
- **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

NEW INDIVIDUAL(S) INFORMATION. LEGIBLY COMPLETE ALL AREAS.

A.	Last Name		First Name		M.I.	B.	Social Security Number	
C.	Worker Registry Number		Expiration Date (MM/DD/YYYY)		D.		State	
						<input type="checkbox"/> Driver's License Number <input type="checkbox"/> ID <input type="checkbox"/> Other (explain above)		
E. Home Address (Street Address, PO Box or Rural Route)								
City			State		ZIP Code		F. Phone Number (Area Code & Number)	
G.	Race		H.	Gender <input type="checkbox"/> M <input type="checkbox"/> F		I.	Date of Birth (MM/DD/YYYY)	
						J.		E-mail Address
K. Position (Check all that apply) <input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Operator (must be a member of the organization and listed on the Registry of Approved Bingo Workers) <input type="checkbox"/> Bookkeeper (must be listed on the Registry of Approved Bingo Workers)								

A.	Last Name		First Name		M.I.	B.	Social Security Number	
C.	Worker Registry Number		Expiration Date (MM/DD/YYYY)		D.		State	
						<input type="checkbox"/> Driver's License Number <input type="checkbox"/> ID <input type="checkbox"/> Other (explain above)		
E. Home Address (Street Address, PO Box or Rural Route)								
City			State		ZIP Code		F. Phone Number (Area Code & Number)	
G.	Race		H.	Gender <input type="checkbox"/> M <input type="checkbox"/> F		I.	Date of Birth (MM/DD/YYYY)	
						J.		E-mail Address
K. Position (Check all that apply) <input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Operator (must be a member of the organization and listed on the Registry of Approved Bingo Workers) <input type="checkbox"/> Bookkeeper (must be listed on the Registry of Approved Bingo Workers)								

NEW INDIVIDUAL(S) INFORMATION

A. <input type="text"/>	<input type="text"/>	<input type="text"/>	B. <input type="text"/>
Last Name	First Name	M.I.	Social Security Number
C. <input type="text"/>	<input type="text"/>	D. <input type="text"/>	<input type="text"/>
Worker Registry Number	Expiration Date (MM/DD/YYYY)	<input type="checkbox"/> Driver's License Number <input type="checkbox"/> ID <input type="checkbox"/> Other (explain above)	State
E. <input type="text"/>			
Home Address (Street Address, PO Box or Rural Route)			
<input type="text"/>	<input type="text"/>	<input type="text"/>	F. <input type="text"/>
City	State	ZIP Code	Phone Number (Area Code & Number)
G. <input type="text"/>	H. <input type="checkbox"/> M <input type="checkbox"/> F	I. <input type="text"/>	J. <input type="text"/>
Race	Gender	Date of Birth (MM/DD/YYYY)	E-mail Address (optional)
K. Position (Check all that apply) <input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Operator (must be a member of the organization and listed on the Registry of Approved Bingo Workers) <input type="checkbox"/> Bookkeeper (must be listed on the Registry of Approved Bingo Workers)			

A. <input type="text"/>	<input type="text"/>	<input type="text"/>	B. <input type="text"/>
Last Name	First Name	M.I.	Social Security Number
C. <input type="text"/>	<input type="text"/>	D. <input type="text"/>	<input type="text"/>
Worker Registry Number	Expiration Date (MM/DD/YYYY)	<input type="checkbox"/> Driver's License Number <input type="checkbox"/> ID <input type="checkbox"/> Other (explain above)	State
E. <input type="text"/>			
Home Address (Street Address, PO Box or Rural Route)			
<input type="text"/>	<input type="text"/>	<input type="text"/>	F. <input type="text"/>
City	State	ZIP Code	Phone Number (Area Code & Number)
G. <input type="text"/>	H. <input type="checkbox"/> M <input type="checkbox"/> F	I. <input type="text"/>	J. <input type="text"/>
Race	Gender	Date of Birth (MM/DD/YYYY)	E-mail Address (optional)
K. Position (Check all that apply) <input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Operator (must be a member of the organization and listed on the Registry of Approved Bingo Workers) <input type="checkbox"/> Bookkeeper (must be listed on the Registry of Approved Bingo Workers)			

STATEMENT OF RESPONSIBILITY

We declare that no person named in this supplement under whose name bingo will be conducted or a person working at the proposed bingo location has been convicted of a gambling offense or criminal fraud.

We declare that no officer or director of the organization has been convicted of criminal fraud or a gambling or gambling-related offense.

sign here

Bingo Chairperson (cannot sign as Officer or Director) Print Name and Title Date

Worker Registry Number Expiration Date

sign here

Officer or Director Print Name and Title Date

Worker Registry Number (if applicable) Expiration Date

ATTACH ADDITIONAL SHEETS IF NECESSARY.☐ **ADDITIONAL SHEETS ATTACHED**

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](#)