



# Individual Statement of Manufacturer or Distributor Certification/Update

FORMID 40

**WHO MUST SUBMIT THIS FORM**

All applicants for a manufacturer or distributor license, and those currently licensed, must submit this form to disclose all officers, directors, partners, LLC members, sole owner, partners, credit interest holders, shareholders holding more than ten percent (10%) of any class of stock, a foreign corporation's registered agent for service, and representative/agents. This form would also be used to add position(s) to individuals previously disclosed by an organization.

**FORM SUBMISSION:**

This form can be submitted via 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](mailto: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](http://txbingo.org).

**GENERAL INSTRUCTIONS:**

- Individuals holding position(s) marked with an asterisk (\*) require the submission of an FBI or DPS fingerprint card when being disclosed for the first time.
- Please complete each item of the form.
- Forms with illegible, missing, or incomplete information will not be processed.
- Only one business contact for an organization may be named at any given time.
- **Please attach a detailed explanation for every item where you respond "YES."**
- If Adding individual to license: This form must be signed by the individual.
- If Removing individual from license: This form must be signed by an authorized individual of the License.

\_\_\_\_\_  
Name of Manufacturer or Distributor

\_\_\_\_\_  
Taxpayer Number

\_\_\_\_\_  
License Number

**INDIVIDUAL INFORMATION**

\_\_\_\_\_  
Name (LAST, FIRST, MIDDLE INITIAL)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
State

\_\_\_\_\_  
Home Address (Street Address, PO Box, or Rural Route)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

\_\_\_\_\_  
Phone Number (Area Code & Number)

☐ M ☐ F  
Gender

\_\_\_\_\_  
Date of Birth (MM, DD, YYYY)

\_\_\_\_\_  
Email Address (REQUIRED)

Position (Check all that apply) ☐ Sole Owner\* ☐ Partner\* ☐ Director\* ☐ Officer\* ☐ Shareholder\* ☐ Business Contact (one per org.)

☐ Representative/Agent ☐ Credit Interest Holder ☐ LLC Member\* ☐ Registered Agent for Service ☐ Remove positions or remove from license completely

**BACKGROUND INFORMATION**

Note: This section is only for individuals being added to the license. If removing the individual listed above, please disregard this section and sign the appropriate signature section on the last page

I, \_\_\_\_\_ swear and affirm that I am the person identified above.  
Name (FIRST, MIDDLE INITIAL, LAST)

1. Have you ever been convicted of criminal fraud, gambling, or a gambling related offense? . . . . . ☐ YES ☐ NO
2. Are you or have you ever been a professional gambler or gambling promoter? . . . . . ☐ YES ☐ NO
3. Are you an elected or appointed public officer? . . . . . ☐ YES ☐ NO
4. Are you a public employee? . . . . . ☐ YES ☐ NO
5. Are you an owner, officer, director, shareholder, agent, or employee of a commercial lessor? . . . . . ☐ YES ☐ NO
6. Do you conduct, promote, administer, or assist in conducting, promoting, or administering Bingo games for which a license is required by the Bingo Enabling Act, Chapter 2001, Occupations Code? . . . . . ☐ YES ☐ NO

**BACKGROUND INFORMATION (CONT'D)**

7. Have you ever had a license to manufacture, distribute, or supply bingo equipment, devices, or supplies revoked within the preceding year by any other state or jurisdiction? . . . . . ☐ YES ☐ NO
8. Are you an owner, officer, director, shareholder of, or a person holding an equitable or credit interest in another licensed distributor or manufacturer? . . . . . ☐ YES ☐ NO
9. Are you required to be named in another application for a manufacturer, distributor or lessor license? . . . . . ☐ YES ☐ NO
10. Can any person related to you in the first degree by blood or through marriage (mother, father, siblings, spouse, children, mother-in-law, father-in-law, spouse's siblings, spouse's children) answer "Yes" to any of the above questions?. . . . . ☐ YES ☐ NO

**AUTHORIZATION FOR EXAMINATION & RELEASE OF INFORMATION FOR USE IN ASSESSMENT OF BINGO LICENSE**

I \_\_\_\_\_, do hereby authorize a review, full disclosure, and release of any and all records concerning myself to any duly authorized officer, agent, or employee of the Texas Lottery Commission, whether the records are public, private, or confidential in nature with the following understanding:

1. The information reviewed, disclosed, and/or released to the Texas Lottery Commission may be used by the Lottery Commission for any lawful purpose and/or to determine the applicant's qualifications to be licensed as provided in the Bingo Enabling Act, Chapter 2001, Occupations Code.
2. If this authorization is not sufficient to obtain access to certain records, it is understood that I may be requested to execute some other appropriate authorization.
3. A photocopy of this authorization will have the same force and effect as the original.

**AFFIDAVIT OF RESPONSIBILITY**

I am fully aware that this certification is a government document, and under penalties of perjury, I declare that all the information in this document is true and correct. I agree that I will notify the Charitable Bingo Operations Division, Texas Lottery Commission of any changes in the information provided above within fourteen (14) days of the change as defined in Section 2001.211 of the Bingo Enabling Act.

My name is \_\_\_\_\_, my date of birth is \_\_\_\_\_, and my  
(First, Middle, Last) (MM/DD/YYYY)  
address is \_\_\_\_\_, and \_\_\_\_\_. I declare under penalty of  
(Street, City, State, Zip) (County)  
perjury that the foregoing is true and correct. Executed in \_\_\_\_\_ County, State of \_\_\_\_\_,  
on the \_\_\_\_\_ day of \_\_\_\_\_.

**sign  
here** ►

Declarant

**\* Removal of certain individuals will require additional support documents.**

☐ Additional Sheets Attached

**sign  
here** ►

Sole Owner, Partner, LLC Member, Officer, Shareholder

Print Name and Title

Date

**sign  
here** ►

Partner, LLC Member, Officer, Shareholder

Print Name and Title

Date