



Application for Registry of Bingo Workers

FORMID 46

WHO MUST SUBMIT THIS FORM

This form must be completed for first time registry or expired registry by an individual that will be involved with the conduct of bingo as an operator, manager, cashier, usher, caller, salesperson, bookkeeper, or Bingo Chairperson for a regular license holder.

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:** 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

- The information requested below is necessary to conduct a criminal history background investigation which is authorized under the Bingo Enabling Act, Occupations Code, Sec 2001.313. All fields must be completed.
- An individual who has been convicted of criminal fraud or a gambling related offense will be denied.**
- If approved, individual will remain on the Registry for a period of three years from the date approved by the Commission.
- It is the responsibility of the registered individual to reapply on or before their expiration date in order to remain on the Registry. All individuals listed on the Registry and their expiration date can be confirmed at txbingo.org.
- NOTE:** If you reside outside of Texas, a Federal Bureau of Investigation or Identogo receipt must accompany this application.
- Incomplete applications will not be processed.
- Military service members, military veterans, or military spouses must submit FORMID 138 along with FORMID 46.** Complete applications must include the attached CCH form required by the Texas DPS.
- Any changes to information contained on this application must be submitted to the Commission in writing or by filing **FORMID 48** Notice of Change to Worker Registry within 30 days of the change.

PROVISIONAL EMPLOYMENT INSTRUCTIONS

- If you are employed as an operator, manager, cashier, usher, caller or salesperson on a provisional basis while awaiting the results of a background check by the Commission, check the Provisional Employment checkbox (item J) and complete the playing location information requested in items K through N.
- A bingo chairperson or bookkeeper is not eligible for provisional employment.** They must be listed on the Registry before they may begin working in their position.
- A provisional employee must immediately stop working if: 1) after 30 days they are not listed on the registry if the individual is a resident of this state; 2) after 75 days they are not listed on the registry and the individual is not a resident of this state and submits an Identogo receipt for a background investigation; and 3) found to be disqualified on the basis of the background investigation.
- Complete application must include Section 1 of the required Texas Department of Public Safety (DPS) CCH form for all applicants.**

APPLICANT INFORMATION

A. <input type="text"/> Name (LAST, FIRST, MIDDLE INITIAL)			
B. <input type="text"/> Social Security Number	C. <input type="checkbox"/> Driver's License Number <input type="checkbox"/> ID <input type="checkbox"/> Other (explain above)		<input type="text"/> State
D. <input type="text"/> Home Address (Street Address, PO Box or Rural Route)			
<input type="text"/> City	<input type="text"/> State	<input type="text"/> ZIP Code	E. <input type="text"/> Phone Number (Area Code & Number)
F. <input type="checkbox"/> M <input type="checkbox"/> F Gender	G. <input type="text"/> Date of Birth (MM/DD/YYYY)	H. <input type="text"/> E-mail Address	
<input type="checkbox"/> Completed <i>Military Service Members, Military Veterans, or Military Spouses</i> form is attached.			
I. Filing as <input type="checkbox"/> Military Service Member <input type="checkbox"/> Military Veteran <input type="checkbox"/> Military Spouse		<input type="checkbox"/> I am a Military Member or a Spouse of a Military Member who holds an existing Out-of-State Bingo License. <input type="text"/> State of existing Bingo License.	

PROVISIONAL EMPLOYMENT

J. <input type="checkbox"/> Yes, I am working on a provisional employment basis. (If "no," go to Statement of Responsibility)		
K. <input type="text"/> Employing Organization Name	<input type="text"/> Taxpayer Number	<input type="text"/> License Number (if applicable)
L. <input type="text"/> Name of Bingo Hall		
M. <input type="text"/> Bingo Hall Address	<input type="text"/> City	<input type="text"/> State
N. <input type="text"/> Bingo Hall Phone Number		<input type="text"/> Bingo Hall Fax Number

STATEMENT OF RESPONSIBILITY PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING BY SIGNING THE SPACE PROVIDED

- 1) I declare that I have not been convicted of criminal fraud or gambling related offense. 2) I declare that all information contained on this application is true and complete. 3) I am aware that I may not be involved with the conduct of bingo in Texas until I receive notification that I am listed on the Registry from the Commission, unless provisionally employed. 4) I am aware I must notify the Commission of any changes to information contained on this application within 30 days of the change. 5) I will abide by the provisions of the Bingo Enabling Act and Charitable Bingo Administrative Rules.

Exceptions: sign
here
Applicant's Signature
Print Name
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](#)