



Renewal for Bingo Worker Registry

FORMID 47

WHO MUST SUBMIT THIS FORM

This form must be completed by a registered worker who currently holds a valid worker registry badge and must renew the badge prior to the expiration date.

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

- The information requested below is necessary to conduct a criminal history background investigation which is authorized under the Bingo Enabling Act, Occupations Code, Chapter 2001.313. All fields must be completed.
- **A person who has been convicted of criminal fraud or a gambling related offense will be denied renewal.**
- If approved, a person will remain on the Registry for a period of three years from the date approved by the Commission.
- Any changes to information contained on this form 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.
- All persons listed on the Registry and their expiration date can be confirmed at **txbingo.org**.
- 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.**

INDIVIDUAL INFORMATION

A.
Name (LAST, FIRST, MIDDLE INITIAL) Current Registry Number

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.** ☐ I am a Military Member or a Spouse of a Military Member who originally received a Worker Registry Badge by notifying the Commission of an existing Out-of-State Bingo License.
- Military Spouses: If it has been 3 years or more since last verification, proof of current status as a Spouse of a Military Member is required. Please submit a notarized document verifying you are still married to a Military Service Member.

STATEMENT OF RESPONSIBILITY

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

1. I certify that all the information on this application is true and complete.
2. I understand that I must notify the Commission of any changes to information contained on this form within 30 days of the change.
3. I will abide by all provisions of the Bingo Enabling Act and Charitable Bingo Administrative Rules.
4. I understand that if approved, I must reapply on or before my Registry expiration date in order to remain on the Registry.

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](#)