



Renewal for Bingo Worker Registry

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

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, 611 E. 6th Street, Austin, TX 78701-3715

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

- Use black or blue ink.
- 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. All fields must be completed and legible.
- **A person who has been convicted of criminal fraud or a gambling related offense will not be listed on the Registry.**
- If approved, a person will remain on the Registry for an additional three (3) years past the end date of their most recent registry inclusion.
- Any changes to information contained on this form must be submitted to the Commission in writing or by filing *Notice of Change for Registered Worker FORMID 48* within thirty (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.
- Application will be returned if not complete.

INDIVIDUAL INFORMATION

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

B. _____ **C.** _____
Social Security Number Driver's License Number, Texas ID Card Number _____
State

D. _____
Home Address (Street Address, PO Box, or Rural Route. Do not give directions, i.e., 5 miles north of I-20)

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

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

J. Enter the mailing address that registry approval and your Worker Registry Identification Cards should be sent to if different from your home address:

Mailing Address (Street Address, PO Box, or Rural Route. Do not give directions, i.e., 5 miles north of I-20)

City _____ _____
State ZIP Code

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 in 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 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