



# Notice of Change to Worker Registry

FORMID 48

## WHO MUST SUBMIT THIS FORM

This form must be submitted by a registered worker to notify the Commission of a change to information contained in the *Active Worker Registry Listing*. Changes to information must be reported within thirty days of the change. 16 Texas Administrative Rule §402.402(j)

## 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](mailto: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

- Use black or blue ink.
- An individual's name and worker registry identification number is required and must be entered in order to process this request.
- Complete only the field(s) for the information that is changing.
- The registered worker notifying the Commission of the change to their information on file must sign this form.

## REGISTERED WORKER INFORMATION

Worker Registry Identification Number (6 digits)

## ENTER ONLY INFORMATION TO BE CHANGED

Name (LAST, FIRST, MIDDLE INITIAL)

☐ New Personal Identification Card needed

☐ Driver's License Number ☐ ID ☐ Other (explain above)

State

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

City

State

ZIP Code

Phone Number (Area Code & Number)

E-mail Address

Alternate Phone Number (Area Code & Number)

## SIGNATURE

sign  
here ▶

Registered Worker

Print Name

Date