



Personalized Identification Card Request Form

FORMID 49

WHO MUST SUBMIT THIS FORM

This form must be submitted by any registered worker to request a Worker Registry Identification Card which reflects their name, worker registry identification number and worker registry expiration date.

FORM SUBMISSION

Website: Form can be submitted via Bingo Service Portal (BSP) at txbingo.org.

By mail: Texas Lottery Commission, Charitable Bingo Operations Division, PO Box 16630, Austin, TX 78761-6630

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.

REGISTERED WORKER INFORMATION

Name of the Registered Worker (LAST, FIRST, MIDDLE INITIAL)

Daytime Phone Number (Area Code & Number)

Alternate Phone Number (Area Code & Number)

Worker Registry Identification Number (6 digits)

IDENTIFICATION CARD MAILING ADDRESS

Enter the mailing address that the Identification Cards should be sent to if different from your home address of record.

Mailing Address (Street Address, P.O. Box or Rural Route)

City

State

ZIP Code

SIGNATURE

sign here ▶

Registered Worker

Print Name

Date