

# Arizona Department of Gaming Event Wagering & Fantasy Sports

## **New Individual Disclosure Form**

**To Be Submitted with Event  
Wagering or Fantasy Sports  
Business Application**



**Arizona Department of Gaming**

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You are advised that this application is an official document and false or incomplete answers could result in criminal prosecution and the denial, or subsequent revocation, of State License. You are further advised that an application for State License may not be withdrawn without the permission of the Department of Gaming.

# Individual Disclosure Checklist

On receipt of a completed application and the required fee, the Department shall conduct the necessary background investigations to determine if the applicant meets the qualifications for licensure. The Applicant agrees to provide access to the following information and/or documents and to provide copies, as requested. This information includes, but is not limited to, the following:

**There are no fees associated with this application.**



|                          |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
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| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

EWFS – Individual New

EWFS – Individual Financial Background

ADG-902 Release of All Claims

ADG-903 Individual Release Form

ADG-907 Criminal History Disclosure

ADG-907-B Noncriminal Justice Applicant's Privacy Rights

Fingerprint Cards (1) set

Last three (3) years of Federal & State Taxes

Credit Report from within the last six (6) months – **Detailed, No Summaries**

Updated Photograph

Ensure all forms requiring notarization have been NOTARIZED

Initial the bottom of all pages that are required

## Pursuant to A.R.S §41-1030:

B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

D. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.

E. A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the Agency's adopted personnel policy.

F. This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.

Applicant Initials \_\_\_\_\_

**EVENT WAGERING & FANTASY SPORTS  
NEW INDIVIDUAL DISCLOSURE FORM**

**INSTRUCTIONS**

Type or print an answer to every question. Do not leave any spaces blank. If a question does not apply to you, mark the space with **'None'**. **Do not use N/A**. If you do not have enough space, continue writing your answers on page 10 or use a separate sheet. Be sure to mark each answer with the same number as the question. Answer each question with complete and truthful answers and do not leave any information out. Information on the application form will be reviewed and verified. You must place your initials in the lower left hand corner of each page to indicate that you have correctly answered each question on that page. If you do not understand a question, or need help completing the form, please call the Arizona Department of Gaming.

**The following information is required for all renewal applicants.** If any answer is 'Yes', please attach a written explanation to this form. Please note, any convictions you believe were expunged must be disclosed on this form and have a written statement attached. A set of fingerprint cards must also be returned with this renewal form to start the review process.

**Under the Federal Privacy Act**, disclosure of social security numbers is voluntary unless a statute specifically requires it or allows states to collect the number. In this instance, disclosure of your social security number is mandatory pursuant to Title 42 United States Code, Sections 405(c)(2)(c), and Sections 653, 654, and 666; and A.R.S. § 25-320(K) in order to aid the Department of Economic Security in locating non-custodial parents or the assets of non-custodial parents.

|                                                                                  |                                          |                        |                          |                                                                                         |                 |
|----------------------------------------------------------------------------------|------------------------------------------|------------------------|--------------------------|-----------------------------------------------------------------------------------------|-----------------|
| <b>1. PERSONAL INFORMATION</b>                                                   |                                          |                        |                          | <b>Date:</b>                                                                            |                 |
| Last Name                                                                        |                                          | First Name             |                          | Middle Name                                                                             |                 |
| Alias, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise            |                                          |                        | E-Mail Address           |                                                                                         |                 |
| Present Residence Address - Street                                               |                                          |                        | City, State and Zip Code |                                                                                         | Since (mm/yyyy) |
| Residence Phone                                                                  |                                          | Personal Cell Phone    |                          | Social Security # Or National ID #                                                      | Passport #      |
| Employer                                                                         |                                          |                        |                          | Occupation                                                                              |                 |
| Present Business Address - Street                                                |                                          |                        | City, State and Zip Code |                                                                                         | Since (mm/yyyy) |
| Business Phone                                                                   |                                          | Business Cell Phone    |                          | Business Fax                                                                            |                 |
| Date of Birth                                                                    | Place of Birth (City, County, and State) |                        |                          | Sex                                                                                     | Age             |
| Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No |                                          | Alien Registration No. |                          | Documentation of eligibility for employment in the U.S.<br>Expiration Date              |                 |
| Scars, tattoos or distinguishing marks and/or characteristics                    |                                          |                        |                          | Driver's License No. & State                                                            |                 |
| What is your primary spoken and written language?                                |                                          |                        |                          | Do you speak English fluently? <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |

## 2. MARITAL INFORMATION

☐ Single    ☐ Engaged    ☐ Married    ☐ Separated    ☐ Divorced    ☐ Widowed

### A. Complete the information below, if you are Married, Separated or if your Divorce is pending.

|                             |                                             |                                   |                    |
|-----------------------------|---------------------------------------------|-----------------------------------|--------------------|
| Date of Marriage            | Place of Marriage (City, County, and State) |                                   |                    |
| Spouse's Full Name (Maiden) |                                             | Spouse's Social Security No.      |                    |
| Date of Birth               | Place of Birth (City, County, and State)    |                                   |                    |
| Residence Address - Street  |                                             | City, County, and State, Zip Code | Since (mm/yyyy)    |
| Residence Phone             | Personal Cell Phone                         | Business Phone                    |                    |
| Employer's Names            |                                             | Occupation                        |                    |
| Employer's Address - Street |                                             | City, County, and State, Zip Code | Salary/Hourly wage |

### B. Previous Marriages (If ever legally separated, divorced, or annulled, indicate below)

| Name of Spouse (Maiden) | Date of Marriage<br>(mm/yyyy) | Date of Decree<br>(mm/yyyy) | Nature of Action<br>(divorced, separated, annulled) | City/County/State | # of Children |
|-------------------------|-------------------------------|-----------------------------|-----------------------------------------------------|-------------------|---------------|
|                         |                               |                             |                                                     |                   |               |
|                         |                               |                             |                                                     |                   |               |
|                         |                               |                             |                                                     |                   |               |

### D. Children under the age of 18 living or not living with you, for which you are responsible.

| Child's Name | Gender                                                | Date of Birth | Name of Other Parent |
|--------------|-------------------------------------------------------|---------------|----------------------|
|              | <input type="checkbox"/> M <input type="checkbox"/> F |               |                      |
|              | <input type="checkbox"/> M <input type="checkbox"/> F |               |                      |
|              | <input type="checkbox"/> M <input type="checkbox"/> F |               |                      |

### 3. EDUCATION

| Type                  | Name of School | Location ( City and State) | Dates Attended<br>Year to Year | Graduate<br>(Yes or No) |
|-----------------------|----------------|----------------------------|--------------------------------|-------------------------|
| High School           |                |                            |                                |                         |
| Trade School          |                |                            |                                |                         |
| College or University |                |                            |                                |                         |
| Graduate School       |                |                            |                                |                         |
| Post Graduate         |                |                            |                                |                         |
| Other                 |                |                            |                                |                         |

#### Type of Degree(s)

Trade School \_\_\_\_\_

College or University \_\_\_\_\_

College or University \_\_\_\_\_

Graduate School \_\_\_\_\_

Post Graduate \_\_\_\_\_

Other \_\_\_\_\_

### 4. MILITARY INFORMATION

Have you ever served in the armed forces?

☐ Yes

☐ No

If the answer is yes, complete the following information and provide a copy of DD-214 either Service-2 or Member-4 copy.

Branch \_\_\_\_\_ SSN/Service No. \_\_\_\_\_ Date of Entry \_\_\_\_\_

Date of Separation \_\_\_\_\_ Type of Discharge \_\_\_\_\_ Rating at Separation \_\_\_\_\_

While in the military service, were you ever arrested for an offense which resulted in summary action, a trial, or special or general court martial? If yes, you **must** provide a full explanation of the circumstances of any arrest below:

☐ Yes

☐ No

## 5. ARRESTS, DETENTIONS, AND LITIGATIONS

The questions below refer to all arrests, detentions, charges, indictments, or summons to answer for any criminal offense or violation (except minor traffic violations), even if you were not convicted. If your answer to any question (A through H below) is yes, you must provide a full explanation of the circumstances on page 10. For example, provide dates, charges, city, state, courts involved, and court copies of disposition, etc.

- A. Have you ever been arrested ?  
☐ Yes ☐ No
- B. Have you ever been convicted of a felony ?  
☐ Yes ☐ No
- C. Has a criminal indictment, information, or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party?  
☐ Yes ☐ No
- D. Have you ever been questioned by a city, state, federal, or tribal law enforcement agency, commission or committee?  
☐ Yes ☐ No
- E. Have you as an individual or as a representative of a business, ever been subpoenaed to appear or testify before a federal or state grand jury, board, or commission ?  
☐ Yes ☐ No
- F. Have you ever had a civil or criminal record expunged or sealed by a court order?  
☐ Yes ☐ No
- G. Have you ever received a pardon for any criminal offense, or been granted immunity in lieu of testimony?  
☐ Yes ☐ No
- H. Have you ever had a Tribal License or State Gaming License denied, revoked, or suspended? (See Section 12)  
☐ Yes ☐ No
- I. Has any member of your family or your spouse's family ever been convicted of a felony or a gaming offense?  
☐ Yes ☐ No

If you answered yes to question I, you must provide the following information:

| Name | Relationship | Charge | Location (City, County, State) | Date |
|------|--------------|--------|--------------------------------|------|
|      |              |        |                                |      |
|      |              |        |                                |      |
|      |              |        |                                |      |

J. Have you, as an individual, member of a partnership, limited liability company or owner, director, or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant ?

☐ Yes      ☐ No

If you answered yes to question J, you must provide the following details below. List all cases without exception.

|                                   |          |                  |             |
|-----------------------------------|----------|------------------|-------------|
| <b>Case 1 Description of Case</b> |          |                  |             |
| Plaintiff                         | Court    | City             | Date        |
| Defendant                         | Case No. | County and State | Disposition |
| <b>Case 2 Description of Case</b> |          |                  |             |
| Plaintiff                         | Court    | City             | Date        |
| Defendant                         | Case No. | County and State | Disposition |
| <b>Case 3 Description of Case</b> |          |                  |             |
| Plaintiff                         | Court    | City             | Date        |
| Defendant                         | Case No. | County and State | Disposition |
| <b>Case 4 Description of Case</b> |          |                  |             |
| Plaintiff                         | Court    | City             | Date        |
| Defendant                         | Case No. | County and State | Disposition |
| <b>Case 5 Description of Case</b> |          |                  |             |
| Plaintiff                         | Court    | City             | Date        |
| Defendant                         | Case No. | County and State | Disposition |

## 6. RESIDENCES

Beginning with your current residence, list all your residences for the past 10 years.

| Month and Year | Street Address | City, County, State and Zip Code |
|----------------|----------------|----------------------------------|
| To             |                | City                             |
| From           |                | County, State, and Zip Code      |
| To             |                | City                             |
| From           |                | County, State, and Zip Code      |
| To             |                | City                             |
| From           |                | County State, and Zip Code       |
| To             |                | City                             |
| From           |                | County, State, and Zip Code      |
| To             |                | City                             |
| From           |                | County, State, and Zip Code      |
| To             |                | City                             |
| From           |                | County, State, and Zip Code      |
| To             |                | City                             |
| From           |                | County, State, and Zip Code      |
| To             |                | City                             |
| From           |                | County, State, and Zip Code      |
| To             |                | City                             |
| From           |                | County, State, and Zip Code      |
| To             |                | City                             |
| From           |                | County, State, and Zip Code      |
| To             |                | City                             |
| From           |                | County, State, and Zip Code      |
| To             |                | City                             |
| From           |                | County, State, and Zip Code      |
| To             |                | City                             |
| From           |                | County, State, and Zip Code      |

## 7. EMPLOYMENT

**Beginning with your current employment,** list your work history, all businesses with which you have been involved, and /or all periods of unemployment, for the last 10 years or since your 18th birthday, whichever comes first. In addition, list all corporations, partnerships, or any other business ventures with which you have been associated as an officer, director, stockholder, or related capacity.

|      |                    |                |                                                                                                             |
|------|--------------------|----------------|-------------------------------------------------------------------------------------------------------------|
| To   | Employer Name      | Job Title      | Is the company involved in the Gaming industry?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| From | Mailing Address    |                |                                                                                                             |
|      | Name of Supervisor | Business Phone | Reason for Leaving                                                                                          |
| To   | Employer Name      | Job Title      | Is the company involved in the Gaming industry?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| From | Mailing Address    |                |                                                                                                             |
|      | Name of Supervisor | Business Phone | Reason for Leaving                                                                                          |
| To   | Employer Name      | Job Title      | Is the company involved in the Gaming Industry?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| From | Mailing Address    |                |                                                                                                             |
|      | Name of Supervisor | Business Phone | Reason for Leaving                                                                                          |
| To   | Employer Name      | Job Title      | Is the company involved in the Gaming Industry?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| From | Mailing Address    |                |                                                                                                             |
|      | Name of Supervisor | Business Phone | Reason for Leaving                                                                                          |
| To   | Employer Name      | Job Title      | Is the company involved in the Gaming Industry?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| From | Mailing Address    |                |                                                                                                             |
|      | Name of Supervisor | Business Phone | Reason for Leaving                                                                                          |
| To   | Employer Name      | Job Title      | Is the company involved in the Gaming Industry?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| From | Mailing Address    |                |                                                                                                             |
|      | Name of Supervisor | Business Phone | Reason for Leaving                                                                                          |
| To   | Employer Name      | Job Title      | Is the company involved in the Gaming Industry?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| From | Mailing Address    |                |                                                                                                             |
|      | Name of Supervisor | Business Phone | Reason for Leaving                                                                                          |

## 8. CHARACTER REFERENCES

List five individuals who know you well enough to be a character reference. Do not include relatives, present employer, or employees where you are currently employed.

| Name and Where Employed | Street, City, State and Zip Code | Phone | Years Known |
|-------------------------|----------------------------------|-------|-------------|
| Name                    | Residence Address                |       |             |
| Employer                | Business Address                 |       |             |
| Name                    | Residence Address                |       |             |
| Employer                | Business Address                 |       |             |
| Name                    | Residence Address                |       |             |
| Employer                | Business Address                 |       |             |
| Name                    | Residence Address                |       |             |
| Employer                | Business Address                 |       |             |
| Name                    | Residence Address                |       |             |
| Employer                | Business Address                 |       |             |
| Name                    | Residence Address                |       |             |
| Employer                | Business Address                 |       |             |

## 9. Have you ever held a privilege or professional license or certification in any state, including but not limited to, the following? ☐ Yes ☐ No

|                                                         |                                                 |                                     |                                               |
|---------------------------------------------------------|-------------------------------------------------|-------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Real Estate Broker or Salesman | <input type="checkbox"/> Race Horse/Dog Owner   | <input type="checkbox"/> Accountant | <input type="checkbox"/> Police Officer       |
| <input type="checkbox"/> Insurance Salesman             | <input type="checkbox"/> Race Horse/Dog Trainer | <input type="checkbox"/> Doctor     | <input type="checkbox"/> Security Officer     |
| <input type="checkbox"/> Securities Dealer              | <input type="checkbox"/> Race Horse/Dog Manager | <input type="checkbox"/> Lawyer     | <input type="checkbox"/> Private Investigator |
| <input type="checkbox"/> Liquor License                 | <input type="checkbox"/> Jockey                 | <input type="checkbox"/> Nurse      | <input type="checkbox"/> Architect            |
| <input type="checkbox"/> General Contractor             |                                                 |                                     |                                               |

If you answered yes, state what type license, where issued, and years held

**10. Have you ever been disciplined by or appeared before any licensing agency or similar authority in or outside the State of Arizona?** ☐ Yes ☐ No

If you answered yes, provide the details

**11. Have you ever held a financial interest in a gambling venture, including a race track, dog track, race horse or dog, casino, sportsbook operation, or pari-mutuel operation outside the State of Arizona?** ☐ Yes ☐ No

If you answered yes, state what type, when and where held, and give the names and locations of the businesses in which you were involved and the names and addresses of all partners and principals.

**12. Have you ever had, or been a participant in a group which has had, a gaming license denied, suspended, revoked, forfeited or withdrawn by any gaming authority in any jurisdiction or any country?** ☐ Yes ☐ No

If you answered yes to either of the above questions, provide the details

**13. Have you ever been granted a gaming license or been a participant in any group which has been issued a gaming license in or outside the State of Arizona?** ☐ Yes ☐ No

If you answered yes, state the type of license, name of the issuing jurisdiction or Indian Tribe, location, and period held

**14. Do you have any relatives associated with or employed in the gaming industry?** ☐ Yes ☐ No

If you answered yes, state the name, relationship, and association or employment

## ADDITIONAL INFORMATION

If you answered yes to any questions, provide a full explanation of the circumstances. For example, provide dates, city, state, nature of offense or violation, name of court involved, and disposition.

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ ) ss.

I, \_\_\_\_\_, being duly sworn, depose and say that this application is true and correct to the best of my knowledge and belief and that this oath is executed with the knowledge that false or incomplete answers could result in criminal prosecution and the denial, or subsequent revocation, of state license by the Arizona Department of Gaming. Further, that I am voluntarily submitting this application under oath and with full knowledge that it will be reviewed by appropriate State authorities charged by law with granting state licensure.

\_\_\_\_\_  
Signature of Applicant

Subscribed and sworn to (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_

**ATTACH A PHOTOGRAPH  
TAKEN WITHIN THE  
LAST 30 DAYS**

# ARIZONA DEPARTMENT OF GAMING

## Event Wagering & Fantasy Sports

### INDIVIDUAL FINANCIAL BACKGROUND

#### INDIVIDUAL DISCLOSURE

**A Person as defined in the A.R.S. §5-1301(13):** “Person means an individual, partnership, corporation, association, Limited Liability Company, federally recognized Indian tribe or other legal entity.

**Licensure as defined in A.R.S. §5-1202(E) & (F):**

Individuals with respect to any Person:

- 1) Each of its officers and directors;
- 2) Each of its principal management employees, including any chief executive officer, chief financial officer, chief operating officer or general manager;
- 3) Each of its owners or partners, if an unincorporated business;
- 4) Each of the Applicants owners who own five (5) percent or more for Event Wagering
- 5) Each of the Applicants owners who own ten (10) percent or more for Fantasy Sports

#### KEY EMPLOYEE:

Key Employee includes, but is not limited to, any person who represents the company in a sales, services, consulting, or training capacity with any Arizona Fantasy Sports Contest Operator. Furthermore, Key Employee are any persons authorized to represent the company’s interests in work projects, contracts, billing issues, or employee placement involving any Fantasy Sports Contest Operator.

Any individual associated with the company submitting an application for licensure may be required to disclose by the Arizona Department of Gaming after its review of the organizational structure of the applicant.

|               |        |           |                 |
|---------------|--------|-----------|-----------------|
| Name:         |        |           | Date:           |
| Home Address: |        |           | Home Phone:     |
|               |        |           | Cell Phone:     |
| City:         | State: | Zip Code: | Work Phone:     |
| Employer:     |        |           | Position/Title: |

## ANNUAL HOUSEHOLD INCOME

The following information should reflect your current financial status  
and please provide a copy of yours and your spouse's most recent pay stub.

DATE \_\_\_\_\_

| SOURCE OF ANNUAL INCOME                      | SELF | SPOUSE | TOTAL ANNUAL<br>HOUSEHOLD<br>INCOME |
|----------------------------------------------|------|--------|-------------------------------------|
| <b>SALARY</b>                                |      |        | \$ 0.00                             |
|                                              |      |        | \$ 0.00                             |
|                                              |      |        | \$ 0.00                             |
|                                              |      |        | \$ 0.00                             |
| <b>BONUS</b>                                 |      |        | \$ 0.00                             |
|                                              |      |        | \$ 0.00                             |
|                                              |      |        | \$ 0.00                             |
|                                              |      |        | \$ 0.00                             |
| <b>COMMISSION</b>                            |      |        | \$ 0.00                             |
|                                              |      |        | \$ 0.00                             |
|                                              |      |        | \$ 0.00                             |
|                                              |      |        | \$ 0.00                             |
| <b>RENTAL INCOME</b>                         |      |        | \$ 0.00                             |
| <b>CHILD SUPPORT</b>                         |      |        | \$ 0.00                             |
| <b>ALIMONY</b>                               |      |        | \$ 0.00                             |
| <b>RETIREMENT</b>                            |      |        | \$ 0.00                             |
| <b>INSURANCE SETTLEMENT</b>                  |      |        | \$ 0.00                             |
| <b>INHERRITANCE</b>                          |      |        | \$ 0.00                             |
| <b>INTEREST PAYMENTS</b>                     |      |        | \$ 0.00                             |
| <b>DIVIDENDS</b>                             |      |        | \$ 0.00                             |
| <b>GIFTS GREATER THAN OR EQUAL TO \$1000</b> |      |        | \$ 0.00                             |
| <b>GAMBLING WINNINGS</b>                     |      |        | \$ 0.00                             |
| <b>OTHER INCOME</b>                          |      |        | \$ 0.00                             |
| <b>TOTAL</b>                                 |      |        | \$ 0.00                             |

**Please answer the following financial questions**

If you need additional space for your answer, please use page 13.

**1. Do you anticipate loaning money or financing any Gaming entities? If yes, list the entity who will be receiving the loan or financing and the amount.**

A. Yes ☐ No ☐ Name: \_\_\_\_\_

Amount: \_\_\_\_\_

Source of money to be loaned or financed: \_\_\_\_\_

B. Yes ☐ No ☐ Name: \_\_\_\_\_

Amount: \_\_\_\_\_

Source of money to be loaned or financed: \_\_\_\_\_

C. Yes ☐ No ☐ Name: \_\_\_\_\_

Amount: \_\_\_\_\_

Source of money to be loaned or financed: \_\_\_\_\_

(Submit executed agreements for all financial transactions shown above)

**2. Have you ever personally filed for relief from creditors under the Federal Bankruptcy Code?**

Yes ☐ No ☐ If Yes, please state the date filed, dated discharged, State filed in, and type of bankruptcy (chapter 7, chapter 11, etc). Please include any and all documents pertaining to bankruptcy.

Date Filed: \_\_\_\_\_ Date Discharged: \_\_\_\_\_ State: \_\_\_\_\_ Type: \_\_\_\_\_

Date Filed: \_\_\_\_\_ Date Discharged: \_\_\_\_\_ State: \_\_\_\_\_ Type: \_\_\_\_\_

Date Filed: \_\_\_\_\_ Date Discharged: \_\_\_\_\_ State: \_\_\_\_\_ Type: \_\_\_\_\_

**3. Has any entity that you have been employed/associated with ever filed for relief from creditors under the Federal Bankruptcy Code?**

Yes ☐ No ☐

If Yes, please state the date filed, dated discharged, State filed in, and type of bankruptcy (chapter 7, chapter 11, etc)

Date Filed: \_\_\_\_\_ Date Discharged: \_\_\_\_\_ State: \_\_\_\_\_ Type: \_\_\_\_\_

Date Filed: \_\_\_\_\_ Date Discharged: \_\_\_\_\_ State: \_\_\_\_\_ Type: \_\_\_\_\_

Date Filed: \_\_\_\_\_ Date Discharged: \_\_\_\_\_ State: \_\_\_\_\_ Type: \_\_\_\_\_

**4. Has your personal Federal Income Tax Return ever been audited or adjusted?**

Yes ☐ No ☐

If Yes, please list year and reason why. Please include any and all documents pertaining to audit or adjustment.

Year: \_\_\_\_\_ Reason: \_\_\_\_\_

Year: \_\_\_\_\_ Reason: \_\_\_\_\_

**5. Has your personal State Income Tax Return ever been audited or adjusted?**

Yes ☐ No ☐

If Yes, please list year and reason why. Please include any and all documents pertaining to audit or adjustment.

Year: \_\_\_\_\_ Reason: \_\_\_\_\_

Year: \_\_\_\_\_ Reason: \_\_\_\_\_

Year: \_\_\_\_\_ Reason: \_\_\_\_\_

**6. Have you ever failed to file any required State or Federal Income Tax Return?**

Yes ☐ No ☐

If Yes, please list year and reason why.

Year: \_\_\_\_\_ Reason: \_\_\_\_\_

Year: \_\_\_\_\_ Reason: \_\_\_\_\_

Year: \_\_\_\_\_ Reason: \_\_\_\_\_

**7. Last Federal Income Tax Return was filed: Year: \_\_\_\_\_**

**8. Last State Income Tax Return was filed:**

Year: \_\_\_\_\_ State: \_\_\_\_\_

Year: \_\_\_\_\_ State: \_\_\_\_\_

Year: \_\_\_\_\_ State: \_\_\_\_\_

**9. Do you own or control any assets or liabilities outside the United States?**

Yes ☐ No ☐

If Yes, please list the location (countries, provinces, off shore locations etc.)

Location: \_\_\_\_\_ Location: \_\_\_\_\_

Location: \_\_\_\_\_ Location: \_\_\_\_\_

Location: \_\_\_\_\_ Location: \_\_\_\_\_

**10. Do you control, manage, or hold in trust any assets or liabilities for another person or entity?**

Yes ☐ No ☐

If Yes, please list the name of the entities and/or person(s)

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

**11. Does another person or entity control, manage, or hold in trust any assets or liabilities for you?**

Yes ☐ No ☐

If Yes, please list the name of the entities and/or person(s)

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

**Schedule A – Cash in Banks / Financial Institutions**List **all** bank accounts, foreign and domestic, controlled by you, or any other person(s) or entity(s) for your benefit☐ Check here if you attached a list. Please label list as “Item A”

| Name of Bank | Names of Persons on Account | Account No. | Type of Account | Date Opened<br>mm/yyyy | Interest<br>Rate | Balance |
|--------------|-----------------------------|-------------|-----------------|------------------------|------------------|---------|
|              |                             |             |                 |                        | 0.00%            |         |
|              |                             |             |                 |                        | 0.00%            |         |
|              |                             |             |                 |                        | 0.00%            |         |
|              |                             |             |                 |                        | 0.00%            |         |
|              |                             |             |                 |                        | 0.00%            |         |
|              |                             |             |                 |                        | 0.00%            |         |
| Total        |                             |             |                 |                        |                  | \$ 0.00 |

**SCHEDULE B - Accounts Receivable and Notes Receivable**

List all accounts receivable and notes receivable controlled by you, or any other person(s) or entity(s) for your benefit as of the application date.

☐ Check here if you attached a list. Please label list as “Item B”

| Name of Debtor | Purpose | Date Incurred<br>mm/yyyy | Payment/Period | Interest<br>Rate | Maturity Date<br>mm/yyyy | Original Amount | Unpaid Balance |
|----------------|---------|--------------------------|----------------|------------------|--------------------------|-----------------|----------------|
|                |         |                          | /              | 0.00%            |                          |                 |                |
|                |         |                          | /              | 0.00%            |                          |                 |                |
|                |         |                          | /              | 0.00%            |                          |                 |                |
|                |         |                          | /              | 0.00%            |                          |                 |                |
|                |         |                          | /              | 0.00%            |                          |                 |                |
| Total          |         |                          |                |                  |                          |                 | \$ 0.00        |

**SCHEDULE C – Retirement and Securities**

List all Retirement and security accounts which are controlled by you, or any other person(s) or entity(s) for your benefit as of the application date.

☐ Check here if you attached a list. Please label list as “Item C”

| Broker / Custodian | Name in Which Held | Date Established<br>mm/yyyy | Account Type | Most Recent Statement<br>Market Value |
|--------------------|--------------------|-----------------------------|--------------|---------------------------------------|
|                    |                    |                             |              |                                       |
|                    |                    |                             |              |                                       |
|                    |                    |                             |              |                                       |
|                    |                    |                             |              |                                       |
|                    |                    |                             |              |                                       |
| <b>Total</b>       |                    |                             |              | \$ 0.00                               |

**SCHEDULE D - Business Investments**

List any business investments which are controlled by you, or any other person(s) or entity(s) for your benefit as of the application date.

List the names of all individuals or entities who share a direct, indirect, vested, or contingent interest therein.

This should include, but not be limited to joint ventures, partnerships, sole proprietorships, and corporations.

☐ Check here if you attached a list. Please label list as “Item D”

| Entity Name  | Type of Entity | All Individuals or Entities Sharing 5% or Greater<br>Interest and/or Ownership | Total No. of<br>Shares or Units | Your % of<br>Ownership | Date of Purchase<br>mm/yyyy | Purchase Price | Market Value |
|--------------|----------------|--------------------------------------------------------------------------------|---------------------------------|------------------------|-----------------------------|----------------|--------------|
|              |                |                                                                                |                                 | 0.00%                  |                             |                |              |
|              |                |                                                                                |                                 | 0.00%                  |                             |                |              |
|              |                |                                                                                |                                 | 0.00%                  |                             |                |              |
|              |                |                                                                                |                                 | 0.00%                  |                             |                |              |
| <b>Total</b> |                |                                                                                |                                 |                        |                             |                | \$ 0.00      |

**SCHEDULE E - Real Estate**

List all real property which is controlled by you, or any other person(s) or entity(s) for your benefit as of the application date.

☐ Check here if you attached a list. Please label list as “Item E”

| Real Property Address/Location | Type | Date of Purchase<br>mm/yyyy | Percent of Ownership | Other Owners | Income | Purchase Price/<br>Improvement Cost | Market Value |
|--------------------------------|------|-----------------------------|----------------------|--------------|--------|-------------------------------------|--------------|
|                                |      |                             | 0.00%                |              |        |                                     |              |
|                                |      |                             | 0.00%                |              |        |                                     |              |
|                                |      |                             | 0.00%                |              |        |                                     |              |
|                                |      |                             | 0.00%                |              |        |                                     |              |
|                                |      |                             | 0.00%                |              |        |                                     |              |
| <b>Total</b>                   |      |                             |                      |              |        |                                     | \$ 0.00      |

**SCHEDULE F – Cash Value – Life Insurance**

List all life insurance policies which are controlled by you, or any other person(s) or entity(s) for your benefit as of the application date

☐ Check here if you attached a list. Please label list as “Item F”

| Insurance Carrier | Policy Number | Beneficiary(ies) | Date of Purchase<br>mm/yyyy | Effective Date of<br>Cash Surrender<br>Value | Payment/Period | Cash Surrender<br>Value |
|-------------------|---------------|------------------|-----------------------------|----------------------------------------------|----------------|-------------------------|
|                   |               |                  |                             |                                              | /              |                         |
|                   |               |                  |                             |                                              | /              |                         |
|                   |               |                  |                             |                                              | /              |                         |
|                   |               |                  |                             |                                              | /              |                         |
| <b>Total</b>      |               |                  |                             |                                              |                | \$ 0.00                 |

**SCHEDULE G – Vehicles**

List all vehicles which are controlled by you, or any other person(s) or entity(s) for your benefit (including leased vehicles) as of the application date.

☐ Check here if you attached a list. Please label list as “Item G”

| Type of Vehicle | Model Year | Make/Model of Vehicle | Owned/<br>Leased                                      | Date of Purchase/Leased<br>mm/yyyy | Purchase Price | Market Value |
|-----------------|------------|-----------------------|-------------------------------------------------------|------------------------------------|----------------|--------------|
|                 |            |                       | <input type="checkbox"/> O <input type="checkbox"/> L |                                    |                |              |
|                 |            |                       | <input type="checkbox"/> O <input type="checkbox"/> L |                                    |                |              |
|                 |            |                       | <input type="checkbox"/> O <input type="checkbox"/> L |                                    |                |              |
|                 |            |                       | <input type="checkbox"/> O <input type="checkbox"/> L |                                    |                |              |
|                 |            |                       | <input type="checkbox"/> O <input type="checkbox"/> L |                                    |                |              |
| <b>Total</b>    |            |                       |                                                       |                                    |                | \$ 0.00      |

**SCHEDULE H - Other Assets**

List all other assets which are controlled by you, or any other person(s) or entity(s) for your benefit as of the application date.

☐ Check here if you attached a list. Please label list as “Item H”

| Type of Asset | Other Information about asset<br>(Vehicles list, year, make, and model) | Date of Purchase<br>mm/yyyy | Purchase Price | Market Value |
|---------------|-------------------------------------------------------------------------|-----------------------------|----------------|--------------|
|               |                                                                         |                             |                |              |
|               |                                                                         |                             |                |              |
|               |                                                                         |                             |                |              |
|               |                                                                         |                             |                |              |
|               |                                                                         |                             |                |              |
|               |                                                                         |                             |                |              |
| <b>Total</b>  |                                                                         |                             |                | \$ 0.00      |

**SCHEDULE I - Notes Payable**

List all notes payable for which you, your spouse, and/or dependent(s) are obligated. Please include leased vehicles.  
(Student loans, car loans, unsecured lines of credit, borrowings against retirements or life insurances)

☐ Check here if you attached a list. Please label list as “Item I”

| Name and Address of Creditor | Purpose | Date Incurred<br>mm/yyyy | Maturity Date<br>mm/yyyy | Payment/Period | Interest Rate | Original Amount | Unpaid Balance |
|------------------------------|---------|--------------------------|--------------------------|----------------|---------------|-----------------|----------------|
|                              |         |                          |                          | /              | 0.00%         |                 |                |
|                              |         |                          |                          | /              | 0.00%         |                 |                |
|                              |         |                          |                          | /              | 0.00%         |                 |                |
|                              |         |                          |                          | /              | 0.00%         |                 |                |
|                              |         |                          |                          | /              | 0.00%         |                 |                |
|                              |         |                          |                          | /              | 0.00%         |                 |                |
| <b>Total</b>                 |         |                          |                          |                |               |                 | \$ 0.00        |

**SCHEDULE J - Mortgages Payable / HELOC**

List all mortgages or liens payable on real estate for which you, your spouse, and/or dependent(s) are obligated.

☐ Check here if you attached a list. Please label list as “Item J”

| Name of Creditor | Address of Real Estate | Inception Date<br>mm/yyyy | Maturity Date<br>mm/yyyy | Terms | Interest<br>Rate | Payment/Period | Original<br>Amount | Unpaid Balance |
|------------------|------------------------|---------------------------|--------------------------|-------|------------------|----------------|--------------------|----------------|
|                  |                        |                           |                          |       | 0.00%            | /              |                    |                |
|                  |                        |                           |                          |       | 0.00%            | /              |                    |                |
|                  |                        |                           |                          |       | 0.00%            | /              |                    |                |
|                  |                        |                           |                          |       | 0.00%            | /              |                    |                |
| <b>Total</b>     |                        |                           |                          |       |                  |                |                    | \$ 0.00        |

**SCHEDULE K – Credit Cards**

List all credit cards for which you and/or spouse and/or dependent(s) are obligated

☐ Check here if you attached a list. Please label list as “Item K”

| <b>Bank &amp; Type</b><br>(Visa, AmEx, Etc) | <b>Purpose</b> | <b>Date Established</b><br>(mm/yyyy) | <b>Interest</b> | <b>Monthly Payment</b> | <b>Balance</b> |
|---------------------------------------------|----------------|--------------------------------------|-----------------|------------------------|----------------|
|                                             |                |                                      | 0.00%           |                        |                |
|                                             |                |                                      | 0.00%           |                        |                |
|                                             |                |                                      | 0.00%           |                        |                |
|                                             |                |                                      | 0.00%           |                        |                |
|                                             |                |                                      | 0.00%           |                        |                |
|                                             |                |                                      | 0.00%           |                        |                |
| <b>Total</b>                                |                |                                      |                 |                        | \$ 0.00        |

**SCHEDULE L - Other Liabilities**

List all other indebtedness documented or undocumented for which you and/or your spouse and/or dependent(s) are obligated.

**(Alimony, child support, taxes, etc.)**☐ Check here if you attached a list. Please label list as “Item L”

| <b>Name of Creditor</b> | <b>Description of Liability</b> | <b>Collateral</b> | <b>Date Incurred</b><br>mm/yyyy | <b>Maturity Date</b><br>mm/yyyy | <b>Payment/Period</b> | <b>Interest Rate</b> | <b>Original Amount</b> | <b>Balance</b> |
|-------------------------|---------------------------------|-------------------|---------------------------------|---------------------------------|-----------------------|----------------------|------------------------|----------------|
|                         |                                 |                   |                                 |                                 | /                     | 0.00%                |                        |                |
|                         |                                 |                   |                                 |                                 | /                     | 0.00%                |                        |                |
|                         |                                 |                   |                                 |                                 | /                     | 0.00%                |                        |                |
|                         |                                 |                   |                                 |                                 | /                     | 0.00%                |                        |                |
| <b>Total</b>            |                                 |                   |                                 |                                 |                       |                      |                        | \$ 0.00        |

**SCHEDULE M - Contingent Liabilities**

List all contingent liabilities for which you and/or your spouse and/or dependent(s) are obligated.

☐ Check here if you attached a list. Please label list as “Item M”

| Name and Address of Creditor | Persons Liable Besides You and/or Your Spouse | Collateral | Date Incurred<br>mm/yyyy | Maturity Date<br>mm/yyyy | Payment/Period | Interest<br>Rate | Original Amount | Unpaid Balance |
|------------------------------|-----------------------------------------------|------------|--------------------------|--------------------------|----------------|------------------|-----------------|----------------|
|                              |                                               |            |                          |                          | /              | 0.00%            |                 |                |
|                              |                                               |            |                          |                          | /              | 0.00%            |                 |                |
|                              |                                               |            |                          |                          | /              | 0.00%            |                 |                |
|                              |                                               |            |                          |                          | /              | 0.00%            |                 |                |
| <b>Total</b>                 |                                               |            |                          |                          |                |                  |                 | \$ 0.00        |

**TRUSTS**

List all Trusts which are controlled by you, or any other person(s) or entity(ies) for your benefit as of the application date.

☐ Check here if you attached a list. Please label list as “Item Trusts”

| Institution | Title of Trust | Account # | Date<br>Established<br>(mm/yyyy) | Location of Trust | Name of<br>Trustee(s) or<br>Trustor(s) | Names of all others<br>with interest in<br>trust | Valuation since<br>last statement |
|-------------|----------------|-----------|----------------------------------|-------------------|----------------------------------------|--------------------------------------------------|-----------------------------------|
|             |                |           |                                  |                   |                                        |                                                  |                                   |
|             |                |           |                                  |                   |                                        |                                                  |                                   |
|             |                |           |                                  |                   |                                        |                                                  |                                   |
|             |                |           |                                  |                   |                                        |                                                  |                                   |
|             |                |           |                                  |                   |                                        |                                                  |                                   |

## STATEMENT OF ASSETS AND LIABILITIES

Please list all assets and liabilities from the previous schedule's totals.

☐ Check here if you attached a list. Please label list as "Statement of Assets and Liabilities"

### ASSETS

|                                            |                |
|--------------------------------------------|----------------|
| <b>Cash on Hand</b>                        |                |
| <b>A – Cash in Banks</b>                   | \$ 0.00        |
| <b>B – Accounts &amp; Notes Receivable</b> | \$ 0.00        |
| <b>C – Retirement &amp; Securities</b>     | \$ 0.00        |
| <b>D – Business Investments</b>            | \$ 0.00        |
| <b>E – Real Estate</b>                     | \$ 0.00        |
| <b>F – Cash Value – Life Insurance</b>     | \$ 0.00        |
| <b>G – Vehicles</b>                        | \$ 0.00        |
| <b>H – Other Assets</b>                    | \$ 0.00        |
| <b>TOTAL ASSETS:</b>                       | <b>\$ 0.00</b> |

### LIABILITIES

|                                   |                |
|-----------------------------------|----------------|
| <b>I – Notes Payable</b>          | \$ 0.00        |
| <b>J – Mortgages Payable</b>      | \$ 0.00        |
| <b>K – Credit Cards</b>           | \$ 0.00        |
| <b>L – Other Liabilities</b>      | \$ 0.00        |
| <b>M – Contingent Liabilities</b> | \$ 0.00        |
| <b>TOTAL LIABILITIES</b>          | <b>\$ 0.00</b> |

|                        |                    |
|------------------------|--------------------|
| TOTAL ASSETS           | <b>\$ 5,000.00</b> |
| LESS TOTAL LIABILITIES | <b>\$ 400.00</b>   |
| <b>NET WORTH</b>       | <b>\$ 0.00</b>     |

### **ADDITIONAL INFORMATION**

Please use this sheet for financial information that needs further explanation or if you have further financial information that needs to be disclosed to the Arizona Department of Gaming.

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ ) ss.

I, \_\_\_\_\_, being duly sworn, depose and say that this application is true and correct to the best of my knowledge and belief and that this oath is executed with the knowledge that false or incomplete answers could result in criminal prosecution and the denial, or subsequent revocation, of state certification by the Arizona Department of Gaming. Further, that I am voluntarily submitting this application under oath and with full knowledge that it will be reviewed by appropriate Tribal and State authorities charged by law with granting gaming licenses and state certifications.

\_\_\_\_\_  
Signature of Applicant

Subscribed and sworn to (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_

## **RELEASE OF ALL CLAIMS**

The undersigned has filed with the Arizona Department of Gaming an Application for State Licensure. In consideration of the assurance by the Department of Gaming that no decision on said application will be taken except after a deliberate, intensive and thorough investigation of the undersigned, including but not limited to background, associates, and finances, the undersigned does for myself, my heirs, executors, administrators, agents, representatives, successors and assigns, hereby release and forever discharge the State of Arizona, the Department of Gaming, its members, agents, and employees, from all manner of actions, causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known or unknown, in law or equity, which the undersigned ever had, now has, may have, or claim to have against any or all of said entities or individuals arising out of or by reason of the processing or investigation of or other action relating to the undersigned application.

I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

I have executed this Release of All Claims on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

---

Applicant Signature

## APPLICANT'S REQUEST TO RELEASE INFORMATION

TO \_\_\_\_\_  
Leave Blank - To Be Completed By The Department of Gaming

FROM \_\_\_\_\_  
Applicant's Name

1. I hereby authorize and request all persons to whom this request is presented having information relating to or concerning me to furnish such information to a duly appointed agent of the Arizona Department of Gaming, whether or not such information would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.
2. I hereby authorize and request all persons to whom this request is presented having documents relating to or concerning me to permit a duly appointed agent of the Arizona Department of Gaming to review and copy any such documents, whether or not such documents would otherwise be protected from disclosure by any constitutional, statutory, or common law privilege.
3. If the person to whom this request is presented is a brokerage firm, bank, savings and loan, or other financial institution or an officer of the same, I hereby authorize and request that a duly appointed agent of the Arizona Department of Gaming be permitted to review and obtain copies of any and all documents, records or correspondence pertaining to me, including but not limited to past loan information, notes co-signed by me, checking account records, savings deposit records, safe deposit records, passbook records, and general ledger folio sheets.
4. I have filed with the Arizona Department of Gaming an "application" for license. I understand that I am seeking certification and acknowledge that the burden of proving my qualifications for a favorable determination is at all times on me. I accept any risk of adverse public notice, embarrassment, criticism, or other action of financial loss which may result from action with respect to this application.
5. I do, for myself, my heirs, executors, administrators, agents, representatives, successors and assigns (collectively, "Indemnitors"), hereby release and forever discharge the person to whom this request is presented, and his agents and employees (collectively, "Indemnitees") from all manner of actions, causes of action, suits, debts, judgments, executions, claims, demands whatsoever, known or unknown, in law or equity, which I ever had, now have, may have, or claim to have against the Indemnitees arising out of or by reason of complying with this request.
6. I, for myself and Indemnitors, agree to indemnify and hold harmless the Indemnitees from and against all claims, damages, losses, and expenses, including reasonable attorneys' fees arising out of, or by reason of, complying with this request.
7. A reproduction of this request by photocopy or similar process shall be for all intents and purposes as valid as the original.
8. This authorization expires eighteen (18) months from the date of execution.

I have executed this request/release/authorization on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Applicant Signature

State of \_\_\_\_\_

County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me personally appeared

\_\_\_\_\_ (name of signer), whose identity was proven to me on the basis of satisfactory evidence to be the person whose name is subscribed to this document, and acknowledged that he/she executed the same.

\_\_\_\_\_  
Notary Public

Signature of the Arizona Department of  
Gaming Agent presenting this request:

\_\_\_\_\_  
Date \_\_\_\_\_

## **Criminal History Record Information Disclosure of Privacy Requirements**

Your fingerprints will be used to check the criminal history records of the FBI.

The use of the FBI criminal history record information will be used to assist in the determination of suitability for the issuance of State Licensing or Licensing for employment in, or providing goods or services to the Arizona Gaming Industry.

You may request procedures for obtaining a copy of your record for a change, correction, or updating of an FBI criminal history record as set forth in Title 28, Code of Federal Regulations (CFR) Section 16.30 through 16.34. Information on how to review and challenge your FBI criminal history record can be found at [www.fbi.gov](http://www.fbi.gov) . **If requested you will be given thirty (30) days to complete or challenge the accuracy of the information.**

To obtain a copy of your Arizona criminal history in order to review/update/correct the record, you can contact the Arizona Department of Public Safety Criminal History Records Unit at (602) 223-2222 to obtain a fingerprint card and a Review and Challenge Packet. Information on the review and challenge process can be found at the DPS website ([www.azdps.gov](http://www.azdps.gov)).

Criminal history record information is solely for the purpose stated and cannot be disseminated outside the Department of Gaming, or other authorized entity.

You may retain a copy of this signed disclosure if desired.

By my signature below, I fully acknowledge that I have read and understand this disclosure.

---

Print Name

---

Signature

---

Date

## NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing.<sup>1</sup> These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or retained.<sup>2</sup>
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record.
- If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
- If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.<sup>3</sup>

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<sup>1</sup> Written notification includes electronic notification, but excludes oral notification.

<sup>2</sup> <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

<sup>3</sup> See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).

Initials



## IMPORTANT NOTICE FOR FINGERPRINT CARDS

**Failure to follow these instruction will result in rejection of the fingerprints card.**

The Arizona Department of Public Safety (DPS) submits all fingerprint cards to the Federal Bureau of Investigation (FBI). Strict adherence to the following rules are required. **Hard copy fingerprint cards are required.**

1. **Each applicant is to submit one fingerprint card, without exception.**
2. **Fingerprinting must be completed by an authorized provider**, trained in proper fingerprinting technique. Fingerprinting Services are offered at any local law enforcement agency and most United Parcel Service (UPS) locations. Contact the agency or company to determine cost and hours of availability. You are not to be printed by someone within your organization
3. Fingerprint Card(s) must be submitted to the Arizona Department of Gaming, using only FBI card FD-258. The card is to be submitted to the Arizona Department of Gaming. At this time the Department is unable to accept electronic fingerprints.
4. Fill out sections, as indicated in the illustration below.
5. No highlighter on the fingerprint image blocks. These fingerprint cards will be rejected because the scanners cannot read the information.
6. Fingerprint images must be within its own block. It cannot not bleed onto the blue lines or overlap the borders of the block. The card scanners cannot pick up the entire image and the card will be rejected.
7. No more than one tab per fingerprint block. That means if the print image on a finger was bad and a tab was placed on the image it is permissible to retake the fingerprint image. However, if the second image is bad, a new card will have to be completed.
8. No writing is permitted in the fingerprint blocks except “amputated (amp)” or “finger bandaged (bnd).”
9. No staples can be affixed anywhere on the card.
10. All fingerprint images must be legible and properly “rolled.”
11. The prints at the bottom of the page must be straight up and down on the card.
12. Do not use a “Best Prints Possible” stamp on the card.

|                                                                                             |                                                                           |                     |     |                                        |            |             |     |             |      |
|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------|-----|----------------------------------------|------------|-------------|-----|-------------|------|
| <b>APPLICANT</b><br><small>* See Privacy Act Notice on Back</small>                         |                                                                           | LEAVE BLANK         |     | TYPE OR PRINT ALL INFORMATION IN BLACK |            | FBI         |     | LEAVE BLANK |      |
| FD-258 (REV 3-1-10) 1110-0045                                                               |                                                                           |                     |     | LAST NAME<br>NAM                       | FIRST NAME | MIDDLE NAME |     |             |      |
| SIGNATURE OF PERSON FINGERPRINTED ✓                                                         |                                                                           | ALIASES AKA         |     | O R I                                  |            |             |     |             |      |
| RESIDENCE OF PERSON FINGERPRINTED ✓                                                         |                                                                           | ✓                   |     |                                        |            |             |     |             |      |
| DATE<br>✓                                                                                   | SIGNATURE OF OFFICIAL TAKING FINGERPRINTS<br>See Fingerprint Instructions | CITIZENSHIP CTZ     | ✓   | SEX                                    | RACE       | HGT         | WGT | EYES        | HAIR |
|                                                                                             |                                                                           | YOUR NO.            | OCA | ✓                                      | ✓          | ✓           | ✓   | ✓           | ✓    |
| EMPLOYER AND ADDRESS                                                                        |                                                                           | FBI NO.             | FBI | LEAVE BLANK                            |            |             |     |             |      |
| ARIZONA DEPARTMENT OF GAMING<br>1110 W. Washington St., Suite 450<br>Phoenix, Arizona 85007 |                                                                           | ARMED FORCES NO.    | MNU | CLASS                                  |            |             |     |             |      |
| REASON FINGERPRINTED                                                                        |                                                                           | SOCIAL SECURITY NO. | SOC | REF                                    |            |             |     |             |      |
| Arizona Gaming Certification                                                                |                                                                           | MISCELLANEOUS NO.   | MNU |                                        |            |             |     |             |      |

## **Foreign Key Personnel**

Additionally, for each disclosing key personnel with citizenship other than the United States and works outside of the United States, we require four (4) additional items;

1. One (1) complete fingerprint card from the local law enforcement authority. If you cannot obtain cards proceed to #2.
2. Certified copy of the criminal history from the country of their residency.
3. Copy of the current credit history profile or letter of good standing from a bank.
4. Complete copy of all the pages of the Passport or Visa.

The additional items are required to complete the application packet for the key personnel disclosing.