



**WASHINGTON STATE GAMBLING COMMISSION**  
 LOCATION: 4565 7th Avenue SE, Lacey WA 98503  
 MAILING ADDRESS: P.O. Box 42400, Olympia WA 98504-2400  
 TELEPHONE: 360-486-3440 – FAX NUMBER: 360-486-3631  
 TOLL-FREE: 1-800-345-2529 – TDD: 360-486-3637  
 WEB SITE: www.wsgc.wa.gov

**GAMING REPRESENTATIVE**

**\*\* SPECIAL INSTRUCTIONS \*\***

You must complete the entire application and include the following attachments.

- A *Fingerprint Card* (FD-258). Please see attached *Dear Applicant* letter regarding submission of fingerprints (GC5-231); letter to *Local law Enforcement Agency* regarding fingerprints (GC5-232), *Fingerprinting Policy* (GC5-237), and a sample of a completed fingerprint card (GC5-236).
- Training Affidavit. Please read the attached *Orientation Information: Distributors, Service Suppliers, and their Representatives* (GC5-011) and complete the *Affidavit for Training Completion* (GC4-243).
- Proof of Identity. Please provide a copy of one of the following documents: a valid driver's license, a military identification cards, or valid passport.
- Aliens: Provide a copy of your Alien Registration Card.
- Write N/A if not applicable. Please type or print all answers.
- If needed, attach additional documents or explanation sheets.
- Make check payable to: **Washington State Gambling Commission.**

**THIS FORM WILL BE READ BY A VERY SENSITIVE SCANNING DEVICE**

Please use the following examples to fill out this form:

***Print with a black ballpoint pen and press firmly, or use a typewriter.***

***Print using a black ballpoint pen – pressing firmly, use a typewriter, or fill out by computer.***

- For best results, please print in capital letters and avoid contact with the lines. The following will serve as an example:

A	B	C	D	E	F	G	H	I	J	K	L	M	1	2	3	4	5	6	7	8	9	0
N	O	P	Q	R	S	T	U	V	W	X	Y	Z										

- Please 'X' the boxes. Do NOT shade-in or use '✓'.

'X' Boxes Like This →	<input checked="" type="checkbox"/>
Not Like This →	<input type="checkbox"/> <input checked="" type="checkbox"/>

- When asked for additional lists or comments, the information must be neatly printed or typewritten on sheets of white 8 ½ X 11 inch paper.
- When asked for legal or business documents, the copies must be clean and legible and marked so the document can be identified to the question being asked.



**EMPLOYMENT INFORMATION** (Continued)

4. List all responsibilities, functions and duties you will perform.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. List the details of any financial or ownership interest either you or your spouse may have in the distributor, manufacturer, service supplier, or linked bingo prize provider business.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CRIMINAL HISTORY STATEMENT**

**Have you ever:**

- 1. Forfeited bail or paid a fine over \$25 (incl. traffic fines)?
- 2. Been arrested?
- 3. Been charged with a crime?
- 4. Been convicted?
- 5. Been jailed?  YES  NO
- 6. Been placed on probation?

You must answer "YES" if any of the above have occurred, **even if charges were dismissed, deferred or changed**. Explain each charge fully below and attach additional sheets as needed. False or incomplete information may result in denial, suspension, or revocation of a license. **You must include information as a juvenile if you are applying for a Gambling License.**

Date Charged	Charge	City	County	State	Disposition and Date
CONFIDENTIAL					
Military Service: <input type="checkbox"/> Yes <input type="checkbox"/> No		Dates Served: From: _____ To: _____		Type of Discharge: _____	

**YOUR APPLICATION AND THE PUBLIC RECORDS ACT**

From the moment we receive your application, it becomes a public document subject to the Public Records Act (RCW 42.56) and other Washington laws. The Commission may disclose to the public or discuss at a public meeting, all information set forth in this application and all supplemental information submitted. The Commission responds to public document requests through a Public Disclosure Request process. In the event that the Commission receives a public disclosure request regarding this application or the license file established, you may request in writing, that the Commission notify you of such request as provided in RCW 42.56.540.

**OATH OF APPLICANT**

I declare under penalty of perjury, under the laws of the state of Washington, that all information provided in this application is true and complete to the best of my knowledge. I understand that untruthful, misleading, or incomplete answers whether through misrepresentation, concealment, inadvertence, or mistake, are cause for denial of an initial application or revocation of any gambling licenses currently held and will be disclosed to my employer. I agree to notify the Washington State Gambling Commission should any information required on this application and / or on my Personal / Criminal History Statement change or become inaccurate in any way. I understand that if I fail to make such notification, it may constitute grounds for denial, suspension or revocation of my license. I further understand that if any criminal or civil actions are filed against me, I must inform the commission and my employer. See WACs 230-03-050, 230-03-055, 230-06-080, and 230-06-085. I further declare that if I am granted a license, I will abide with all the requirements set out in RCW 9.46 and WAC 230. I understand that if I perform any of the duties of a gaming representative prior to receiving a license, the commission shall retain my entire license fee, whether or not I am granted a license. I will read the training document provided and keep myself current of all rules and regulations.

Signature: \_\_\_\_\_ Date: |\_\_|/|\_\_|/|\_\_|

**EMPLOYER CERTIFICATION**

I hereby authorize the applicant to submit this application to become a representative for my business:

\_\_\_\_\_  
 Signature of Owner, All Partners, or President(s) |\_\_|/|\_\_|/|\_\_|  
 Date