



**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

**APPLICATION FORM TO CHANGE EMPLOYERS FOR MANUFACTURER,  
 DISTRIBUTOR AND SERVICE SUPPLIER REPRESENTATIVES**

**INSTRUCTIONS**

1. Read the application, all instructions, and all enclosures.
2. Complete all applicable areas.
3. Sign and date the application and have your new employer sign the authorization to work statement.
4. Write a check to the **Washington State Gambling Commission** for the correct fee and attach to the application.
5. Mail your application and fee to the Gambling Commission at the PO Box above.

**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 ball-point pen and press firmly, or use a typewriter.**

– For optimum accuracy, please print in capital letters and avoid contact with the edge of the box. 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"/>

- 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.

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

First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_ County \_\_\_\_\_ Telephone Number \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Social Security Number \_\_\_\_\_ Fax Number \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Birthdate \_\_\_\_\_ Cell Phone Number (Optional) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

@ \_\_\_\_\_

Distributor Representative       Gambling Service Supplier Representative

Manufacturer Representative      Fee: \$|\_\_\_\_\_

[See Section 11 of the attached Fee Schedule \(GC5-055K FS\) for current fee.](#)

**Business Office Use Only:**

Code: 211-|\_\_\_\_\_| Date: |\_\_\_\_\_| / |\_\_\_\_\_| / |\_\_\_\_\_| Amt: \$|\_\_\_\_\_|,|\_\_\_\_\_|.00 Val #: \_\_\_\_\_



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## EMPLOYER STATEMENT

(Circle One)

Owner /

I, \_\_\_\_\_ CEO

of \_\_\_\_\_  
hereby authorize the applicant to submit this application to become:

- A Representative of my distributor business.
  - A Representative of my manufacturer business.
  - A Representative of my service supplier business.
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## 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.

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## 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 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 and keep myself current of all rules and regulations.

Signature	Date
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## SPECIAL INFORMATION

Once the gambling commission approves this change; you will be sent a new license, with the name of your new employer or distributor, but will have the same expiration date as your previous license.

**WAC 230-03-330 Representing only one employer at a time.** (1) If you are a licensed representative or applying for a representative license, you must represent only one licensed manufacturer, distributor, gambling service supplier, or linked bingo prize provider at a time.

(2) If the owner you work for owns more than one licensed business, you may represent the owner in all those licensed businesses without applying for another representative license.