



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.

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.](#)

NOTE: All refunds of application/license fees will be issued to the applicant.

EMPLOYER AT THE TIME OF LAST LICENSURE:

Org. Number: 00-|_____| / 20-|_____| / 21-|_____|

Name: _____

Address: _____

_____ | _____ | _____
 City State Zip

Business Office Use Only:

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

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, other state or federal agencies, 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 on 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 my initial application or revocation of any gambling license(s) currently held.** I understand that I must notify the Gambling Commission if any information required on this application or on my Personal / Criminal History Statement changes or becomes inaccurate in any way. I understand that I must also notify the Gambling Commission should any criminal or civil actions be filed against me during the application or license period. (See WACs [230-03-055](#), [230-06-080](#), [230-06-085](#) and [230-06-090](#).) I understand that if I fail to make such notification it may be grounds for denial, suspension or revocation of my application or license(s). [See [RCW 9.46.075\(7\)](#) and [WAC 230-03-085\(7\)](#).] I understand that if I voluntarily withdraw or if the Commission administratively closes my application, the remainder of my fee, minus processing and investigative costs, will be refunded.

I understand that I am responsible to know and comply with all rules and laws, [RCW 9.46](#) and [WAC 230](#), which can be found on the Internet websites of the [Washington State Gambling Commission](#) or the [Washington State Legislature](#).

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.

Distributor and Service Supplier Representatives may represent only one employer at a time (See [WAC 230-03-330](#)).