



## 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](http://www.wsgc.wa.gov)

### PUBLIC CARD ROOM EMPLOYEE APPLICATION (68)

This application is for card room employees of the business that operates the card room. If you are not an employee of the card room operator, refer to attached WACs [230-03-210](#) or [230-03-310](#), you may be a service supplier or service supplier representative and will need a different application. Also, do not use this form to apply for a Commercial Gambling Manager's license, request form GC4-279.

See additional important instructions under the heading *Avoid Processing Delays* (below).

#### IMPORTANT INFORMATION

Per WACs [230-03-265](#) and [230-06-083](#), card room operators shall maintain a system that ensures all applicable employees have met licensing requirements. This system shall include documentation that all card room employees have sent in their license application with the required payment and have adhered to the 10-day wait. The system shall also ensure all licenses are renewed when required and follow-up is made with the Gambling Commission's licensing department if a license is not received in a timely manner after an application or renewal has been sent in.

- Chief Executive / Operating Officer
- Accounting Manager
- Gaming Operations Manager
- Security Manager
- Surveillance Manager
- Accounting Supervisor
- Gaming Operations Supervisor
- Shift Supervisor / Pit Boss
- Gaming Op's Floor Supervisor
- Security Supervisor
- Surveillance Supervisor
- Count Room Supervisor
- Accounting Personnel (Applies to Anyone in the Cage.)
- Dealers (House-Banked Games)
- Count Room Personnel
- Security Personnel
- Surveillance Personnel
- Poker Room Manager
- Custodian for any Player
- Supported Jackpot

#### AVOID PROCESSING DELAYS

1. Complete this application. Assure that all questions are answered and that all writing is clear and legible. Use a typewriter or black ink to complete this application. Use N/A for not applicable questions.
2. Per WACs [230-03-265](#) and [230-06-083](#), you may not perform any of the duties of a card room employee until you have met the following requirements:
  - a. Submit a completed application along with the proper fee to the Gambling Commission. An application is considered to be submitted once the envelope, containing the application and proper fee, is postmarked by any regular delivery service or personally delivered to the Gambling Commission office and validated.
  - b. After submitting the application, there is a 10-day waiting period, from the date received in our office, before you may begin performing any card room employee duties. An applicant for a card room employee license may begin to perform duties on the day following the 10-day waiting period without receiving a license ***if*** there is no response from the Commission.
3. If you are required to submit a fingerprint card (attached as form FD-258), follow the instructions carefully.
4. Sign this application and make sure your employer signs the Employer Certification section on Page 2.
5. Make your check payable to the **Washington State Gambling Commission**.

#### DEFINITIONS

**Class B Employee:** Performs duties as defined in WAC [230-03-265](#) in enhanced and house-banked card rooms. Also, managing the day-to-day affairs of Class E card room.  
(Please ask your employer for further clarification.)

**Class A Employee:** Performs duties as defined in WAC [230-03-265](#) in a Class E card room.  
(Please ask your employer for further clarification.)

**Disposition:** Final outcome of charge.



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**PUBLIC CARD ROOM EMPLOYEE APPLICATION (68)**

**FEE: \$** \_\_\_\_\_ (See #3 below)

**NOTE:** Effective July 1, 2011, refunds of application / license fees will be issued to the applicant.

**PROOF OF IDENTITY**

- All new applicant employees are required to provide proof of identity. Please provide a copy of one of the following documents: a valid driver's license, a military identification card, or a valid passport.
- **Aliens:** Provide a copy of your Alien Registration Card.

**APPLICANT INFORMATION**

1. Last Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
 Maiden/  
 Alias Name: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_ Birthdate: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
 County: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_  
 @ \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_  
 Cell: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

2. Have you ever been licensed for any gaming or related activities in Washington State or any other state or jurisdiction?  No  Yes  
**If Yes**, was your application denied, or was your license revoked or suspended or have you had any administrative actions filed against your license?  No  Yes  
**If Yes**, provide an explanation of the action on a separate sheet of paper. Include all dates and specifics.

**QUESTIONS TO DETERMINE LICENSE FEE REQUIRED**

3. Answer the following question to determine the fee of the card room employee license you will need. Over the past ten (10) years, have you lived outside the state of Washington for a total of six (6) or more months? (If you are reinstating or reapplying **and** you paid out-of-state fees with your original application, **and** have not resided out of Washington State since your original application, mark NO and pay the in-state fee.)  
 Yes  No [See Section 4 of the Attached Fee Schedule \(GC5-055K FS\) for fees.](#)  
**Class B Employee** – In-State: No to question. (A fingerprint card is required from all Class B employee applicants.)  
 – Out-of-State: Yes to question.  
**Class A Employee** – A fingerprint card is required if you've marked yes.  
 Please see "Definitions" for further clarification

**EMPLOYMENT INFORMATION**

4. Business Name of Card Room Employer: \_\_\_\_\_  
 City: \_\_\_\_\_ Organization Number: 00-|\_\_\_\_\_

**Business Office Use Only:**

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

