

**CLASS III INDIAN GAMING EMPLOYEE CERTIFICATION**

\* \* \* \* CAUTION \* \* \* \*

**Fees will not be refunded after issuance of a temporary certification.**  
**Failure to complete all information and requirements may cause delays or denial of your application.**

\* \* SPECIAL INSTRUCTIONS \* \*

- ◆ Please type or print all answers. Do not use pencil.
- ◆ Submit a current photograph (no smaller than 2" x 3", nor larger than 3" x 5") – ensure the photograph is a full facial view. Write your name and social security number on the back of the picture.
- ◆ 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 tribal identification card, a state identification card, or a valid passport. For those who have lived outside the United States, please have the applicant complete the [Certification of Identity \(Form DOJ-361\)](#) and submit with the application. If you have any questions, you may contact your customer Service Specialist in the Individual's Unit at 1-800-345-2529.

**APPLICANT INFORMATION**

1. Last Name: |\_\_\_\_\_|

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

Maiden /  
Alias Name: |\_\_\_\_\_|

Social Security #: |\_\_\_\_\_|-|\_\_\_\_\_|-|\_\_\_\_\_| Birthdate: |\_\_\_\_\_|/|\_\_\_\_\_|/|\_\_\_\_\_|

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

Street / Box Number

|\_\_\_\_\_| |\_\_\_\_\_| |\_\_\_\_\_|

City State Zip

County: |\_\_\_\_\_|

Telephone: Home: |\_\_\_\_\_|-|\_\_\_\_\_|-|\_\_\_\_\_| Work: |\_\_\_\_\_|-|\_\_\_\_\_|-|\_\_\_\_\_|

Cell: |\_\_\_\_\_|-|\_\_\_\_\_|-|\_\_\_\_\_|

2. Have you ever been issued a license / permit to work in a gambling activity? **IF YES**, complete the following:

City: |\_\_\_\_\_|

County: |\_\_\_\_\_| State: |\_\_\_\_\_|

Date: From |\_\_\_\_\_|/|\_\_\_\_\_|/|\_\_\_\_\_| To |\_\_\_\_\_|/|\_\_\_\_\_|/|\_\_\_\_\_|

**QUESTIONS TO DETERMINE LICENSE FEE REQUIRED**

3. Answer the following question to determine the fee of the Class III Certification you will need.  
 Over the past five (5) 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 **Class III Employee** – In-State (No to question) \$ 258.00  
 – Out-of-State (Yes to question) \$ 320.00

**EMPLOYMENT INFORMATION**

Tribal Number: TR-|\_\_\_\_\_|

4. Name of Tribal Employer: |\_\_\_\_\_|

Name of Subcontractor: |\_\_\_\_\_|

Position Title: |\_\_\_\_\_|

Pre-Certification – Tribal license issued, include the results and preliminary TGA determination.  
 Class C / Subcontractor (69C)

**Business Office Use Only:**

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

