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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

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.
- As part of your application, you are required to provide positive proof of your identity. Provide a copy of **one** of the following official documents:
  - Valid Driver's License
  - Tribal Identification Card
  - State Identification Card
  - Valid Passport
- 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***.
- If needed, attach additional documents or explanation sheets.

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 |___|___|/|___|___|/|___|___|___|___|

EMPLOYMENT INFORMATION

Tribal Number: TR-|___|___|___|___|___|

3. 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 #: _____

4. PROOF OF IDENTITY 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.

OATH OF APPLICANT

I declare under penalty of perjury, under the laws of the state of Washington, that all the answers and statements are true, correct and complete. I understand that untruthful or misleading answers are cause for denial of my application and / or revocation of any certification granted. I agree to notify the Tribal / State Gaming Agency if any information required on this application and / or my Personal / Criminal History Statement, changes or becomes 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 temporary or permanent state certification. I further understand that the State Gaming Agency (Washington State Gambling Commission) may revoke, suspend or deny a state certification for any reason(s) it deems to be in the public interest under the provisions of Chapter 9.46 of the Revised Code of Washington.

Signature: _____ Date: |___|___|/|___|___|/|___|___|___|___|

TRIBAL AUTHORIZATION

I hereby authorize the applicant to submit this application as a Class III Indian Gaming Employee.

Last Name: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

First Name: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___| MI: |___|

Title: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

Signature of
Authorizing Tribal Agent: _____ Date: |___|___|/|___|___|/|___|___|___|___|

WAIVER FOR TRIBAL MEMBERS ONLY

Under the terms of the Tribal State Compact – if you are a Tribal member of the Tribe that you are applying for, you are required to sign the waiver below.

I agree to submit to state certification to the extent necessary to determine qualification to hold such certification, including all necessary administrative procedures, hearings and appeals pursuant to RCW 9.46, WAC 230-17, and the State Administrative Procedures Act, RCW 34.05. I further waive any immunity, defense, or other objection that I might have in allowing the Washington State Gambling Commission to exercise their authority pursuant to the provisions of the Tribal-State Compact for Class III Gaming.

Signature of Tribal Member:_____

Name of Tribe: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

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.

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