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

PRINT

RESET FORM

CLASS III TRANSFER / ADD EMPLOYER

* * IMPORTANT READ BACK PAGE * *

(Mark ☒ appropriate boxes.)

TYPE OF APPLICATION

FEE: $61.00

Transfer:
- ☐ Tribal Employer (69) to a Licensed Card Room (68)
- ☐ Licensed Card Room (68) to Tribal Employer (69)
- ☐ Tribal Employer (69) to Tribal Employer (69)
- ☐ Class C / Subcontractor Tribal Employee (69C) to Class C / Subcontractor Tribal Employee (69C)

1. Name of Applicant: |_____| (Last Name)

|_____| (First Name) |___| (MI)

Social Security Number: |___|___|___|-|___|___|-|___|___|___|___|

Address: |_____|

|_____| (City) |____| (State) |_____| (Zip)

|_____| (County) |___|___|___|-|___|___|___|-|___|___|___|___| (Telephone)

2. Current or Previous Employer: |_____| (Name)

|_____| (City) |___|___|___|-|___|___|___|-|___|___|___|___| (Telephone)

3. **New Employer:** |_____| (Name)

|_____| (City) |___|___|___|-|___|___|___|-|___|___|___|___| (Telephone)

4. First Day of Work: |___|___|/|___|___|/|___|___|___|___| Expiration Date: |___|___|/|___|___|/|___|___|___|___|

Applicant License #: |___|___|-|___|___|___|___|___|

5. Since your last application, have you been charged with a crime, paid a fine, been arrested, jailed, convicted, gone through diversion or placed on probation?

☐ Yes ☐ No **If yes,** please attach a statement of explanation.

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 (except as declared in **Section 5** above), I must inform the Commission and my employer. See WACs 230-03-050, 230-03-055, 230-06-080, and 230-06-085. I will read the training document provided by my card room employer within thirty days from my first date of employment and keep myself current of all rules and regulations.

Signature: _____ (First, Middle, Last) Date: |___|___|/|___|___|/|___|___|___|___|

Business Office Use Only:

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

TRIBAL / EMPLOYER AUTHORIZATION

I hereby authorize the applicant to submit this application. The applicant has been accepted for employment. For employment as a Class III Tribal gaming employee, I request the issuance of tribal certification. For employment as a Card Room Employee, I will provide training and ensure that this employee is provided with a copy of the training packet within the first thirty days of employment.

Signature of Employer: _____
First, Middle, Last

Print Name:

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

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

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

ORG #: 00-|___|___|___|___|___| / TRIBAL #: TR-|___|___|___|___|___|

WAIVER FOR TRIBAL MEMBERS ONLY

Under the terms of the Tribal State Compact – if you are a Tribal member of the Tribe 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: _____ Date: |___|___|/|___|___|/|___|___|___|___|
First, Middle, Last

WHO MAY USE THIS FORM:

Only Class III Gaming Employees and Licensed Public Card Room Employees with ACTIVE certifications or licenses may use this form. If your certification or license has expired do not use this form, call WSGC.

A. Class III gaming employees, use this form when you change employment from one tribal employer to another tribal employer, or from a tribal employer to a licensed card room employer.

B. Licensed card room employees, use this form to transfer from a licensed card room employer to a Tribal gaming employer.

C. Class C / Subcontractor Employees will use this form to add or transfer from one Tribal employer to another Tribal employer.

D. If you will be working at a Class III facility ***and*** a Licensed Card Room, you must hold both a certificate and a license.

E. This application must be signed by your new employer and submitted to the Gambling Commission.

F. You may begin working for your new employer once the completed application and fees are submitted to WSGC.

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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