



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 TRANSFER / ADD EMPLOYER, AND / OR CARD ROOM EMPLOYEE UPGRADE

**** IMPORTANT READ BACK PAGE ****

(Mark appropriate boxes.)

TYPE OF APPLICATION

- Transfer** – Tribal Employer (69) to a Licensed Card Room (68)..... **FEE: \$ 61.00**
- Transfer** – Licensed Card Room (68) to Tribal Employer (69)..... **FEE: \$ 61.00**
- Transfer** – Tribal Employer (69) to Tribal Employer (69) **FEE: \$ 61.00**
- Upgrading** – Class A to Class B Card Room Employee (Requires Fingerprint cards)..... **FEE: \$ 61.00**

1. Name of Applicant: _____
Last Name

_____ MI
First Name

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: _____ 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 (Tribal Members/Native Americans please also sign waiver on back)

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 230-04-022, 230-12-305, and 230-12-310. 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: _____ Date: _____
First, Middle, Last

Business Office Use Only:			
Code: 211-_____	Date: _____ / _____ / _____	Amt: \$_____	Val #: _____

