



**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

**CARD ROOM EMPLOYEE  
TRANSFER / ADD EMPLOYER APPLICATION**

**FEE: \$61.00**

\_\_\_\_\_

New Employer

00 - \_\_\_\_\_

Organization #

\_\_\_\_ / \_\_\_\_ / 20\_\_\_\_

First Day of Work

\_\_\_\_\_

Last Name

\_\_\_\_\_

First Name

\_\_\_\_ / \_\_\_\_ / 20\_\_\_\_

Expiration Date

68 - \_\_\_\_\_

Employee's License Number

\_\_\_\_

Last 4 digits  
Employee's SSN

Employer's Signature (required): \_\_\_\_\_  
Employee's Signature (required): \_\_\_\_\_

Please note that we are required by WAC 230-04-220 to retain a portion of the fee submitted for processing costs. Unfortunately, our costs for this transaction exceed the fee amount received; therefore no refund will be issued. This includes licensees that submit fees for a transfer and never worked at the new location.

Mailing address has changed since last renewal – please complete the form on the reverse side.

**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. Per WAC 230-04-020 (4), the Commission may disclose to the public 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.

**Business Office Use Only:**  
Code: 211-\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Amt: \$\_\_\_\_.00 Val #: \_\_\_\_\_

