



STATE OF WASHINGTON
GAMBLING COMMISSION

"Protect the Public by Ensuring that Gambling is Legal and Honest"

AFFIDAVIT FOR COMPLETION OF TRAINING

Activity: _____ License Number: _____ - _____

On behalf of the licensee identified as _____
(Name of Organization)

_____, I attest as follows:
(City)

President or Equivalent

1. I have read the *Management Guidelines for the Charitable / Nonprofit Gambling Licensee (GC5-008)* handbook, provided with the video, and have watched the *Responsibilities of Officers and Board Members* training video;

President or Equivalent and Activity Managers

- 2. I will furthermore ensure that any and all personnel under my control will be aware of and adhere to all the appropriate rules for the activity being conducted;
- 3. I understand and will comply with the rules, restrictions, and requirements as set out in the training document as well as any other applicable rules contained in the WAC rules; and
- 4. I will keep myself current of all rules and regulations regarding the gambling activities my organization conducts, and agree to contact the Gambling Commission if I have questions.

Dated this _____ day of _____, _____

• Print Name: _____ Date of Birth _____

Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Social Security #: _____ - _____ - _____

• Print Name: _____ Date of Birth _____

Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Social Security #: _____ - _____ - _____

Please return this form to: Washington State Gambling Commission
Post Office Box 42400
Olympia, WA 98504

P.O. Box 42400 • Olympia, Washington 98504-2400 • (360) 486-3440 • 1-800-345-2529 • TDD (360) 486-3637 • FAX (360) 486-3631