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

CARD ROOM EMPLOYEE UPGRADE

TYPE OF APPLICATION

FEE: $ |___:___:___|

See Section 4 (Transfer / Additional Employee / Conversion / Emergency Waiver Request) of the attached fee schedule.

Upgrade:

From: Class E Card Room (65)

To: Class F Endorsed (65) and/or House-Banked (67) Card Room Employee.

You are required to submit a fingerprint card (attached FD-258), follow the instructions (GC5-231 and GC5-232).

NOTE: All refunds of application / license fees will be issued to the applicant.

Applicant License #: 68-|___:___:___:___:___|

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: |___:___|/|___:___|/|___:___:___:___|

   ORG #: 00-|___:___:___:___:___|

Business Office Use Only:

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

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 on 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 my initial application or revocation of any gambling license(s) currently held**. I understand that I must notify the Gambling Commission if any information required on this application or on my Personal / Criminal History Statement changes or becomes inaccurate in any way. I understand that I must also notify the Gambling Commission should any criminal or civil actions be filed against me during the application or license period. (See WACs 230-03-055, 230-06-080, 230-06-085 and 230-06-090.) I understand that if I fail to make such notification it may be grounds for denial, suspension or revocation of my application or license(s). [See RCW 9.46.075(7) and WAC 230-03-085(7).] I understand that if I voluntarily withdraw or if the Commission administratively closes my application, the remainder of my fee, minus processing and investigative costs, will be refunded.

I understand that I am responsible to know and comply with all rules and laws, RCW 9.46 and WAC 230, which can be found on the Internet websites of the Washington State Gambling Commission or the Washington State Legislature.

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

EMPLOYER AUTHORIZATION

I hereby authorize the applicant to submit this application. The applicant has been accepted for employment. 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: |___|___|___|___|