



**Charitable Bingo Division**

# Registry of Approved Bingo Workers Blank Identification Card Request Form

**B-F-904 (Rev. 3/07)**

## WHO SHOULD SUBMIT THIS FORM

This form should be submitted by any person desiring sheets of blank Registry Approved Bingo Worker Identification cards.

## FORM SUBMISSION

**By mail:** Charitable Bingo Operations Division, Texas Lottery Commission, PO Box 16630, Austin, TX 78761-6630

**Via Fax:** (512) 344-5142

**FOR ASSISTANCE** in completing this form, please call 1-800-BINGO-77 (1-800-246-4677) or visit our Web site at **www.txbingo.org**.

## GENERAL INSTRUCTIONS

- Please type or print legibly.
- When entering the quantity of sheets requested, please note that each Registry Approved Bingo Worker Identification card sheet contains six (6) identification cards. For example, if you requested two (2) sheets, you would receive twelve (12) identification cards.
- Sheets of identification cards will be sent by U.S. Postal Service. If overnight delivery service is requested, it must be paid by the party ordering it.
- Identification cards are available for pick up only at the Austin Headquarters Building.

## REQUESTOR

\_\_\_\_\_

Name of Requestor (LAST, FIRST, MIDDLE INITIAL)

\_\_\_\_\_

Daytime Phone Number (Area Code & Number)

## ORDER QUANTITY

I am requesting \_\_\_\_\_ sheets of identification cards. (six (6) total identification cards per sheet)

Quantity

## SHIPPING INFORMATION

☐ Send by U.S. Postal Service

\_\_\_\_\_

Name

\_\_\_\_\_

Mailing Address (Street Address, PO Box, or Rural Route. Do not give directions, i.e., 5 miles north of I-20)

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

ZIP code

☐ I will pick up the identification cards at the Austin Headquarters Building.

Please call me at \_\_\_\_\_ when they are available.

(Area Code & Number)

☐ I am requesting overnight mail service. I understand that I am responsible for this cost.

Please call me at \_\_\_\_\_ to coordinate this service.

(Area Code & Number)