



Charitable Bingo Division

Registry of Approved Bingo Workers Personalized Identification Card Request Form

(Rev. 6/06)

WHO SHOULD SUBMIT THIS FORM

This form may be submitted by any registered worker to request a sheet of six Worker Registry Identification Cards which reflect their name, worker registry identification number and worker registry expiration date.

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

FOR SUBMISSION

For mail:

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

VIA FAX:

FAX: (512) 344-5142

REGISTERED WORKER INFORMATION

Name of the Registered Worker (LAST, FIRST, MIDDLE INITIAL)

Daytime Phone Number (Area Code & Number)

Alternate Phone Number (Area Code & Number)

Social Security Number (optional if a Worker Registry Identification Number is provided)

Worker Registry Identification Number (6 digits)

IDENTIFICATION CARD MAILING ADDRESS

Enter the mailing address that the Identification Cards should be sent to if different from your home address of record.

Mailing Address (Street address P.O. Box or Rural Route)

City

State

ZIP Code

SIGNATURE

**sign
here** ▶

Registered Worker

Print Name

Date