



Charitable Bingo Operations Division

Texas Request for Renewal of Registry of Approved Bingo Workers Registration

B-AP-170-R (Rev. 9/13)

FOR TLC USE ONLY

Amount Paid \$ _____

Postmark Date _____

PLEASE PRINT LEGIBLY OR TYPE - MUST USE BLACK INK

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 website at **txbingo.org**.

GENERAL INSTRUCTIONS

- Please type or print legibly and complete all information requested. We are unable to process applications with illegible, missing, or incomplete information.
- This form must be signed by the applicant.
- Entry of a personal E-mail address is optional and would be used for electronic communication by the Texas Lottery Commission (TLC).
- Enter the mailing address in Item J that if approved, the registration renewal notification and identification cards should be sent to if different from your home address listed in Item D.
- **A person will not be listed on the Registry if the person has been convicted of criminal fraud or a gambling related offense.**
- If approved, a person will remain on the Registry for an additional three (3) years past the end date of their most recent registry inclusion. It is the responsibility of the registered person to reapply on or before their next expiration date in order to remain on the Registry.
- Any changes to information contained on this form must be submitted to the Commission in writing or by filing *Schedule N-3 Notice of Change for Registered Worker* within thirty (30) days of the change.
- All persons listed on the Registry and their expiration date can be confirmed at **txbingo.org**.

INDIVIDUAL INFORMATION

A. _____
Name (LAST, FIRST, MIDDLE INITIAL)

B. _____ **C.** _____
Social Security Number Driver's License Number State

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

City State ZIP Code **E.** _____
Phone Number (Area Code & Number)

F. _____ **G.** M F **H.** _____ **I.** _____
Race Gender Date of Birth (MM, DD, YYYY) E-mail Address (optional)

J. Enter the mailing address that registry approval and your Worker Registry Identification Cards should be sent to if different from your home address:

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

REGISTRY FEE

A check or money order for \$25.00 payable to the State of Texas Comptroller's Office must be submitted with this application.

STATEMENT OF RESPONSIBILITY

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING BY SIGNING THE SPACE PROVIDED

1. I certify that all the information in this application is true and complete.
2. I understand that I may not be involved with the conduct of bingo in Texas until I receive notification that I am listed on the Registry from the TLC.
3. I understand that I must notify the Commission of any changes to information contained on this form within 30 days of the change.
4. I will abide by all provisions of Bingo Enabling Act and Charitable Bingo Administrative Rules.
5. I understand that if approved, I must reapply on or before my Registry expiration date in order to remain on the Registry.

sign here ▶ _____
Applicant's Signature Print Name Date