



State of California
California Gambling Control Commission
 2399 Gateway Oaks Drive, Suite 220
 Sacramento, CA 95833-4231
 (916) 263-0700; Fax: (916) 263-0452
 www.cgcc.ca.gov

Request for Statewide Involuntary Exclusion of an Individual CGCC – 12362 (Rev. 05/11)

Type or print (in ink) as much information as possible on this form. If additional space is needed, please note response on a separate sheet of paper and attach to the form. **NOTE: THIS IS NOT A VOLUNTARY SELF-RESTRICTION OR SELF-EXCLUSION FORM.**

Mail this completed form to: **California Gambling Control Commission, 2399 Gateway Oaks Drive, Suite 220, Sacramento CA 95833.**

SECTION 1: PERSONAL INFORMATION

Full Legal Name:

First	Middle (if applicable)	Last

Other Names (Former Names (such as Maiden names), Nicknames, or Aliases / A.K.A.'s):

Home Address:

Street	City	State	Zip Code

Mailing Address (if different than Home Address):

Street	City	State	Zip Code

Home Telephone Number:

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Business Number:

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Games most often played:

SECTION 2: PHOTO AND VISUAL DESCRIPTION

Gender: Male Female Date of Birth: / / Race/Ethnicity:

Height: <input style="width: 150px;" type="text"/>	Weight: <input style="width: 150px;" type="text"/>	Hair Color/Type: <input style="width: 200px;" type="text"/>	Eye Color: <input style="width: 200px;" type="text"/>
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Date of Photograph: / / CA Drivers License or other ID

AFFIX A RECENT
 PASSPORT QUALITY
 PHOTOGRAPH
 HERE SHOWING
 HEAD AND SHOULDERS OF
 PERSON TO BE EXCLUDED

Distinguishing marks (such as visible scars or tattoos – describe mark & location):

Type of vehicle normally driven: <input style="width: 250px;" type="text"/>	License Plate: <input style="width: 250px;" type="text"/>
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SECTION 3: AFFIRMATION BY KEY EMPLOYEE OR OWNER OR BY GOVERNMENT EMPLOYEE

NOTE: This form is not for voluntary self-restriction or self-exclusions. This form is not to be completed by patrons.

The facts and reasons why the individual should be excluded are as follows:

The information provided above is true and accurate to the best of my knowledge and **the individual described above should be excluded because he or she poses a threat** to the public, gambling enterprise employees, or the gambling industry.

Signature: _____ Date:

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Print Name, Title, and Gambling Establishment or Facility Name or Governmental Entity:

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