

NYS REQUEST FOR CARD SCAN SERVICES – INFORMATION FORM
(AFFIRMATION SECTION MUST BE COMPLETED. PLEASE PRINT CLEARLY.)

Contributor Agency Section:

ORI: NY921790Z Contributor Agency: NYS Gaming Commission Gaming License Division

License Type (check one):

Indian Gaming License Charitable Gaming License

Agency ID Number (if assigned by contributor): _____

Applicant Section: Resubmission New Submission

Last Name: _____ First: _____ Middle: _____

Alias / Maiden Name(s): _____

Street Address: _____

City, State, & Zip Code: _____

Date of Birth: _____ Age: _____ Sex: Female Male Race: _____

Ethnicity: Hispanic Non-Hispanic Height: _____ ft. _____ in. Weight: _____ lbs. Skin Tone: _____

Eye Color: _____ Hair Color: _____ State/Country of Birth: _____

Country of Citizenship: _____ Social Security Number: _____

Applicant Affirmation Section:

I hereby affirm that the information contained in the application and the supporting documents are true and do not contain any false statements or omissions of any material information or facts. I understand that the making of false written statements in this application is punishable as a class A misdemeanor under Section 175.30 and/or Section 210.45 of the New York Penal Law.

Applicant Signature: _____ Date: _____

Payment Section:

Agency Billing Account Number: _____

Mailing Instructions: Please mail this form, your fingerprint card and payment to your civil contributor agency at the address below. Please make sure you have signed the applicant affirmation section of this form.

NYS Gaming Commission - Gaming License Division
PO Box 7500
Schenectady, NY 12301-7500