

**DELAWARE GAMING COMMISSION
P.O. Box 806
Anadarko, OK 73005**

VENDOR TECHNICIAN GAMING APPLICATION

FOR GAMING COMMISSION USE ONLY

APPLICATION PACKAGE CHECKLIST

Applicants Name: _____

Social Security: # _____ **Date of Birth** _____

- Application Instruction Sheet**
- Privacy Act / False Statement Sheet**
- Release of Information Sheet**
- Application Form**
- Copy of Valid Drivers License**
- Copy of Social Security Card**
- Completed Fingerprint Card (Each Owner/Principal or Technician)**
- Copy of Birth Certificate**
- Copy of DD 214 (Military Discharge Papers)**
- Copy of INS Documents (If Required)**
- Photograph**

GAMING COMMISSION

DATE

NOTICE TO APPLICANTS

Authority: Indian Gaming Regulatory Act, 25 U.S.C. 2701 et seq., and Tribal Ordinances and Regulations.

Purpose: To protect the tribe, employees, patrons and public by ensuring that gaming activities are free from criminal activities and corruptive elements. The required information is used to determine the suitability of the applicant associated with gaming activities.

Burden of proof: an applicant is seeking the granting of a privilege. The burden of proving the applicant's qualifications is at all times on the applicant.

Disclosure of information: An applicant may be subject to denial or other actions for failing to provide all information, documentation and assurances as required or requested, or for failing to reveal any material facts or for providing misleading or untrue information. The Delaware Gaming Commission (DGC) reserves the right to request additional information at any time. The disclosure of your Social Security Account Number (SSAN) is voluntary. However, failure to supply a SSAN may result in errors in processing your application.

Waiver of claim for damages: An applicant accepts any risk of adverse reaction, financial loss, or public notice that may result from any action taken with respect to an application. By filling an applicant expressly waives any claim for damages as a result of any action taken with respect to that applicant.

Withdrawal of an application: An application may not be withdrawn without permission of the DGC.

Notice regarding false statements: In signing this application, I understand that false or misleading statements on any part of the application may be grounds for denial or revocation of a gaming vendor license.

Use of information provided on application: The information is requested to determine the eligibility of individuals to do business with the tribal gaming operation. The information will be used by the DGC and the National Indian Gaming Commission (NIGC) members and staff to determine said eligibility. The information may be disclosed to appropriate federal, tribal, state, local or foreign law enforcement and regulatory agencies when relevant to civil, criminal, or regulatory investigation or prosecutions, or when pursuant to a requirement by the tribe in connection with the issuance or revocation of a vendor license or investigation of activities while associated with the tribe or tribal gaming operation. Failure to consent to the disclosures requested in this application may result in the tribe being unable to do business with you or your company.

Level of Fees: The level of fees for insurance of a **Gaming** related vendor license, and the payment of such fees, shall be set forth by the Delaware Gaming Commission.

Consent: Submission of this application is a consent to the jurisdiction of the Delaware Nation Government including but not limited to Civil, criminal and regulatory jurisdiction without limit to time or event.

Fees:

Vendor Technicians

\$250.00 fee for each Tech. for the initial year.

\$200.00 fee for each Tech. each additional year.

**Return this application / renewal packet to:
Delaware Gaming Commission
P.O. Box 806
Anadarko, OK. 73005**

Delaware Nation Gaming Commission

FBI Fingerprint Request Letter

FBI CJIS Division – Record Request
1000 Custer Hollow Road
Clarksburg, WV 26306

To Whom It May Concern,

I am seeking licensure with the Delaware Nation Gaming Commission and have been asked to provide the Gaming Commission with the results of an FBI records check. Enclosed are my fingerprint cards. My information is as follows:

NAME: _____

ADDRESS: _____

SSN: _____

DOB: _____

Please forward the results of your search to:

Delaware Nation Gaming Commission
Attn: Vendor Licensing Agent
P.O. Box 806
Anadarko, OK 73005

If you have any questions, please contact the Vendor Licensing Agent at 405-247-2292 or 405-247-2448 x 142

Sincerely,

APPLICATION FOR VENDOR TECH LICENSE

Name: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

PHONE: _____ CELL: _____

FAX: _____

—

E-mail:

Tax ID#

INSTRUCTIONS

PLEASE READ CAREFULLY AND FOLLOW THE LICENSING INSTRUCTIONS.

1. Use blue or black ink **ONLY** when completing this application form.
2. All answers should be typed or neatly printed.
3. Answer all questions accurately and in as much detail as possible. If a question does not pertain to you, write “N/A” (not applicable).
4. Each Tech Employee must complete an application.
5. Complete the application form in it’s entirely (no questions should be left blank).
6. Sign all Release and Authorization forms in the presence of a Notary Public and have your signatures Notarized.
7. All persons completing this application form must attach one (1) current front view photograph of themselves.
8. Each Vendor Technician Employee completing this application form must have their fingerprints taken. (that will be entering Gold River Casino.)
9. All requested documents and Fees must be included with the application at the time of submission.
10. All pages of the application form, including additional sheets, must be initialed.

Copies of the following supporting documents **MUST BE** submitted with the completed application form.

1. Valid Driver’s license or a valid Government issued photo ID.
2. Social Security Card.
3. Fingerprint Card
4. FBI Fingerprint Request Letter (Filled out and Signed)

PRIVACY NOTICE

NOTICE TO VENDOR TECH EMPLOYEE APPLICANT

In compliance with the Privacy Act of 1974, the following information is provided:

Solicitation of the information on this form is authorized by 25 U.S.C. 2701 et seq. The purpose of the requested information is to determine the eligibility for a vendor tech license. The information will be used by National Indian Gaming Commission members and staff who have need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, Tribal, State, local, or foreign law enforcement and regulatory agencies when relevant to civil, criminal or regulatory investigations or prosecutions or when pursuant to a requirement by a tribe or the Nation Indian Gaming Commission in connection with the licensing of a vendor, the issuance or revocation of a vendor applicant, or investigations of activities while associated with a tribe or a gaming operation.

Failure to consent to the disclosure indicated in this notice will result in a tribe's being unable to grant a gaming license as a vendor technician.

The disclosure of your Social Security Number (SSN) is voluntary. However, failure to supply a SSN may result in errors in processing your application.

Notice Regarding False Statements

A false statement on any part of your license application may be grounds for denying a license or the suspension or revocation of a license. Also, you may be punished by fine or imprisonment (U.S. Code, Title 18, section 1001).

Vendor Tech Employee Signature

Date

DELAWARE GAMING COMMISSION

AUTHORIZATION FOR RELEASE OF INFORMATION

PRESENTED TO: _____ (Leave Blank)

I, _____
(VENDOR EMPLOYEE NAME)

Hereby authorize release to the Delaware Nation of Western Oklahoma Gaming Commission any information requested in order for the Delaware Gaming Commission to determine my suitability for involvement in Indian gaming. This document authorizes release of requested information whether or not such information would be otherwise be protected from disclosure by any constitutional, statutory or common law privilege. I agree to accept any risk of adverse public notice, embarrassment, criticism or financial loss that may result from use of information that is obtained in connection with a background investigation for the purpose listed in the first paragraph of this document. I authorize release of information related to my activities: Schools, property interest (real and personal), employment, criminal justice agencies, regulatory agencies, business, financial institutions, lending institutions, medical institutions, hospital and health care professionals. I authorize review and copying of all documents.

I relinquish any rights that I may otherwise have to pursue a cause of action against any person (or his/her agent) to whom this request is presented when such cause of action arises out of response to a request for information pursuant to Delaware Nation Gaming Ordinance and the Indian Gaming Regulatory Act (25 U.S.C. Section 2701 et. seq.). I further agree to indemnify and hold harmless any person to whom this request is lawfully presented. Such Indemnification and holding harmless includes all claims, damages, losses and expenses, including reasonable attorney fees.

A reproduction of this authorization is the same as the original.

Executed at (City) _____, (State) _____.

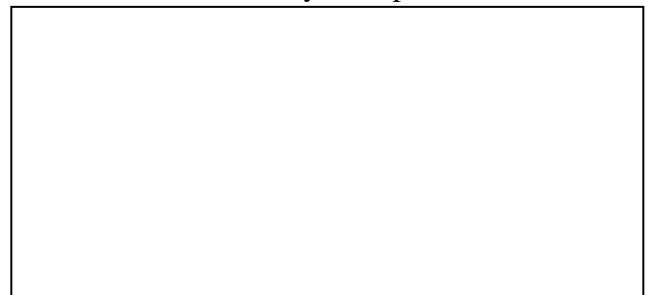
On this _____ day of _____, 20____.

Vendor Tech Employee Signature: _____ . Subscribed and sworn to before me on this _____ day of _____, 20____.

Notary Stamp Here

My Commission Expires

Notary Public Signature



VENDOR TECH EMPLOYEE APPLICATION FORM

IF ADDITIONAL SPACE IS NEEDED USE ANOTHER SHEET OF PAPER

Name: Last _____ First _____ Middle _____

Telephone Number: () _____ - _____ Gender: Male _____ Female _____

Social Security Number(s): _____ Date of Birth: _____

Place of Birth: _____ Citizenship: U.S.A. _____ Other _____

List all Languages Written and/or Spoken: _____

List other names used, oral, or written, include maiden and other married names you have been known as. Please list years (month & year) that you went by this name.

Name: _____ Dates Used: From _____ To _____

Name: _____ Dates Used: From _____ To _____

Name: _____ Dates Used: From _____ To _____

Name: _____ Dates Used: From _____ To _____

Please provide your current drivers license number and the state of issue. List your previous driver's license number for the last five (5) years.

Current DL Number _____ State of Issue _____

Previous DL Number _____ State of Issue _____

Previous DL Number _____ State of Issue _____

Previous DL Number _____ State of Issue _____

RESIDENTIAL HISTORY

List your current home address and all addresses for the last five (5) years (beginning with the last).

Current Address _____

City / State / Zip Code

From _____ To _____ Did you own / rent / other _____

Name and address of landlord _____ Phone: () _____

Provide the name, address, and phone number of a person that knew you while you lived at this address.

Current Address _____

City / State / Zip Code

From _____ To _____ Did you own / rent / other _____

Name and address of landlord _____ Phone: () _____

Provide the name, address, and phone number of a person that knew you while you lived at this address.

Current Address _____

City / State / Zip Code

From _____ To _____ Did you own / rent / other _____

Name and address of landlord Phone: () _____

Provide the name, address, and phone number of a person that knew you while you lived at this address.

Current Address _____

City / State / Zip Code

From _____ To _____ Did you own / rent / other _____

Name and address of landlord Phone: () _____

Provide the name, address, and phone number of a person that knew you while you lived at this address.

Current Address _____

City / State / Zip Code

From _____ To _____ Did you own / rent / other _____

Name and address of landlord Phone: () _____

Provide the name, address, and phone number of a person that knew you while you lived at this address.

Current Address _____

City / State / Zip Code

From _____ To _____ Did you own / rent / other _____

Name and address of landlord Phone: () _____

Provide the name, address, and phone number of a person that knew you while you lived at this address.

Current Address _____

City / State / Zip Code

From _____ To _____ Did you own / rent / other _____

Name and address of landlord Phone: () _____

Provide the name, address, and phone number of a person that knew you while you lived at this address.

Current Address _____

City / State / Zip Code

From _____ To _____ Did you own / rent / other _____

Name and address of landlord Phone: () _____

Provide the name, address, and phone number of a person that knew you while you lived at this address.

EMPLOYMENT HISTORY

List all jobs, beginning with your current employment, you have held for the previous five years from date of application. This includes military service, part-time, temporary and voluntary positions. If you have any periods of unemployment between jobs, please list in the space provided.

List the name of the entity: _____

Circle if this entity is: Tribal or Gaming or other.

Address: _____

Street No. PO Box, ETC City State Zip Code

Phone: () _____ **Fax:** () _____

Dates of employment : From _____ **To:** _____

Nature of entity: _____

Do you have ownership interest in this entity? Yes _____ No _____

If yes, complete the following:

Your Title / Position: _____ **% interest held by you:** _____

Will you be able to provide verification documents of this entity? Yes _____ No _____

If No, list reason: _____

List the name of the entity: _____

Circle if this entity is: Tribal or Gaming or other.

Address: _____

Street No. PO Box, ETC City State Zip Code

Phone: () _____ **Fax:** () _____

Dates of employment: From _____ **To:** _____

Nature of entity: _____

Do you have ownership interest in this entity? Yes _____ No _____

If yes, complete the following:

Your Title / Position: _____ **% interest held by you:** _____

Will you be able to provide verification documents of this entity? Yes _____ No _____

If No, list reason: _____

List the name of the entity: _____

Circle if this entity is: Tribal or Gaming or other.

Address: _____

Street No. PO Box, ETC City State Zip Code

Phone: () _____ **Fax:** () _____

Dates of employment: From _____ **To:** _____

Nature of entity: _____

Do you have ownership interest in this entity? Yes _____ No _____

If yes, complete the following:

Your Title / Position: _____ % interest held by you: _____

Will you be able to provide verification documents of this entity? Yes _____ No _____

If No, list reason: _____

List the name of the entity: _____

Circle if this entity is: Tribal or Gaming or other.

Address: _____

Street No. PO Box, ETC City State Zip Code

Phone: () _____ Fax: () _____

Dates of employment: From _____ To: _____

Nature of entity: _____

Do you have ownership interest in this entity? Yes _____ No _____

If yes, complete the following:

Your Title / Position: _____ % interest held by you: _____

Will you be able to provide verification documents of this entity? Yes _____ No _____

If No, list reason: _____

List the name of the entity: _____

Circle if this entity is: Tribal or Gaming or other.

Address: _____

Street No. PO Box, ETC City State Zip Code

Phone: () _____ Fax: () _____

Dates of employment: From _____ To: _____

Nature of entity: _____

Do you have ownership interest in this entity? Yes _____ No _____

If yes, complete the following:

Your Title / Position: _____ % interest held by you: _____

Will you be able to provide verification documents of this entity? Yes _____ No _____

If No, list reason: _____

Do you have any existing or previous business relationships with Indian Tribes, including ownership interest in those businesses: Yes _____ No _____

If "Yes" explain: _____

Do you have any existing or previous business relationships with the gaming industry in general, including ownership interests in those businesses: Yes _____ No _____

If "Yes" explain: _____

Have you ever filed an application for a license or permit to gaming (whether or not license/permit was granted): Yes _____ No _____

If "Yes": Name of agency / Tribe: _____

Address: _____

Name of agency / Tribe: _____

Address: _____

Name of agency / Tribe: _____

Have you ever filed an application for an occupational license or permit (whether or not license/permit was granted): Yes _____ No _____

If "Yes": Name of agency / Tribe: _____

Address: _____

Name of agency / Tribe: _____

Address: _____

Name of agency / Tribe: _____

Address: _____

Do you have any relatives associated with, employed by, or who have a pending application for this entity? Yes _____ No _____

If "Yes", provide the person's name, relationship, address, telephone number, the position or job title, and name of the tribe and operation: _____

REFERENCES

List the names, addresses and telephone numbers for five personal references, including one personal reference who was acquainted with you during each period of residence listed under Residential History.

Name: _____ **Address:** _____
City: _____ **State:** _____ **Zip:** _____
Telephone Number: _____ **Cell** _____

Name: _____ **Address:** _____
City: _____ **State:** _____ **Zip:** _____
Telephone Number: _____ **Cell** _____

Name: _____ **Address:** _____
City: _____ **State:** _____ **Zip:** _____
Telephone Number: _____ **Cell** _____

Name: _____ **Address:** _____
City: _____ **State:** _____ **Zip:** _____
Telephone Number: _____ **Cell** _____

Name: _____ **Address:** _____
City: _____ **State:** _____ **Zip:** _____
Telephone Number: _____ **Cell** _____

CRIMINAL HISTORY

Have you ever:

- Yes No **Been arrested or charged with any crime or offense?**
 Yes No **Been convicted of a felony or misdemeanor?**
 Yes No **Had records expunged or sealed?**
 Yes No **Been an un-indicted co-party?**

If yes, please provide documentation details: _____

Have you ever been convicted of, or are you currently being prosecuted for a felony: Yes No

If "Yes": Charge _____ Date: _____

Name of Court: _____ City & State of Court _____

Disposition: _____

Charge _____ Date: _____

Name of Court: _____ City & State of Court _____

Disposition: _____

Charge _____ Date: _____

Name of Court: _____ City & State of Court _____

Disposition: _____

Have you ever been convicted of, or are you currently being prosecuted for a misdemeanor (excluding minor traffic violations) within ten (10) years of the date of this application:

If "Yes": Charge _____ Date: _____

Name of Court: _____ City & State of Court _____

Disposition: _____

Charge _____ Date: _____

Name of Court: _____ City & State of Court _____

Disposition: _____

Charge _____ Date: _____

Name of Court: _____ City & State of Court _____

Disposition: _____

List each criminal charge (excluding minor traffic charges) whether or not there is a conviction, for the last ten (10) years that is not otherwise listed under felonies and/or misdemeanors (ABOVE).

Charge _____ **Date:** _____

Name of Court: _____ **City & State of Court** _____

Disposition: _____

Charge _____ **Date:** _____

Name of Court: _____ **City & State of Court** _____

Disposition: _____

Charge _____ **Date:** _____

Name of Court: _____ **City & State of Court** _____

Disposition: _____

Charge _____ **Date:** _____

Name of Court: _____ **City & State of Court** _____

Disposition: _____

Charge _____ **Date:** _____

Name of Court: _____ **City & State of Court** _____

Disposition: _____

Charge _____ **Date:** _____

Name of Court: _____ **City & State of Court** _____

Disposition: _____

Executed at (City) _____, (State) _____.

On this _____ day of _____, 20____.

Vendor Tech Employee Signature: _____.

Subscribed and sworn to before me on this _____ day of _____, 20____.

My Commission Expires

Notary Public Signature

Presented by Delaware Gaming Representative:

Signature: _____

Date: _____

Print Name: _____

Title: _____

DELAWARE GAMING COMMISSION
P.O. Box 806
Anadarko, Oklahoma 73005

Authorization to Release Information

Full Name of Requester _____

Company Name _____

Citizenship Status _____

Social Security Number _____

Current Address _____

Date of Birth _____ Place of Birth _____

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct, and that I am the person named above, and I understand that any falsification of this statement is punishable under the provisions of 18 U.S.C. Section 1001 by a fine of not more than 10,000 or by imprisonment of not more than five years or both, and that requesting or obtaining any record(s) under false pretenses is punishable under the provisions of 5 U.S.C. 552a(i)(3) by a fine not more than 5,000. I further consent to the jurisdiction of the Delaware Nation Indian government without limit to time or event.

Signature _____ Date _____

Witnessed by: 1. _____ 2. _____

Address _____

OR

Notarized by: _____

Subscribed and sworn to me on this

_____ day of _____, 20_____

_____ My Commission Expires

_____ Seal

OPTIONAL: Authorization to Release Information to Another Person

This form is also to be completed by a requester who is authorizing information relating to himself or herself to be released to another person. Further, pursuant to 5 U.S.C. Section 552a(b), I authorize the NIGC to release any and all information relating to me to:

Name of Person(s)/Organization(s) Requesting Records: **Delaware Gaming Commission** .