Charitable Bingo Operations Division

Employees for Unit Manager

FORMID 124

WHO MUST SUBMIT THIS FORM
You must submit this form if you are applying for a unit manager license. Use this form to list all employees.

FORM SUBMISSION
For mail: Texas Lottery Commission, Charitable Bingo Operations Division, PO Box 16630, Austin, TX 78761-6630
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
- Use black or blue ink.
- *If you have no employees, please place a checkmark in the corresponding checkbox.*
- Please type or print legibly and complete all information requested for each name listed. We are unable to process individuals with illegible, missing, or incomplete information.
- The information requested below is necessary to conduct a criminal history background investigation which is authorized under the Bingo Enabling Act, Occupations Code, Chapter 2001.
- If the employee will serve as a bookkeeper for any accounting unit, please mark the corresponding position check box. A bookkeeper is considered an individual who prepares any financial records for information reported on the Conductor's Quarterly Report or who prepares and maintains bingo inventory records for a licensed authorized organization or accounting unit. Please note that all bookkeepers must be listed on the Registry of Approved Bingo Workers.
- This form can only be used when submitted with an application.

Name of Unit Manager _____ Taxpayer Number _____

❏ At this time, I have no employees.

INDIVIDUALS

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

B. _____
Social Security Number

C. _____
Driver's License Number

State _____

D. _____
Address (Do not give directions, i.e., 5 miles north of I-20)

City _____ State _____ Zip Code _____

E. _____
Phone (area code and number)

F. _____ Race
G. ❏ M ❏ F Gender
H. _____ Date of Birth (MM/DD/YYYY)
I. _____ E-mail address

Position ☑ Unit Manager Employee ❏ Bookkeeper

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

B. _____
Social Security Number

C. _____
Driver's License Number

State _____

D. _____
Address (Do not give directions, i.e., 5 miles north of I-20)

City _____ State _____ Zip Code _____

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Position ☑ Unit Manager Employee ❏ Bookkeeper

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

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

D. _____
Address (Do not give directions, i.e., 5 miles north of I-20)

_____ _____ _____ **E.** _____
City   State   Zip Code   Phone (area code and number)

F. _____ **G.** ❑ M ❑ F **H.** _____ **I.** _____
Race   Gender   Date of Birth (MM/DD/YYYY)   E-mail address

Position ☑ Unit Manager Employee ❑ Bookkeeper

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

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

D. _____
Address (Do not give directions, i.e., 5 miles north of I-20)

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City   State   Zip Code   Phone (area code and number)

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Position ☑ Unit Manager Employee ❑ Bookkeeper

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Position ☑ Unit Manager Employee ❑ Bookkeeper

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Name (LAST, FIRST, MIDDLE INITIAL)

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F. _____ **G.** ❑ M ❑ F **H.** _____ **I.** _____
Race   Gender   Date of Birth (MM/DD/YYYY)   E-mail address

Position ☑ Unit Manager Employee ❑ Bookkeeper