



Add Individuals to a License to Conduct Bingo

FORMID 2

WHO MUST SUBMIT THIS FORM

You must submit this form to disclose all officers, directors, bookkeepers, and/or operators. This form is also used to add position(s) to individuals listed on your bingo record. You must submit this form for newly elected Officer(s) and Director(s) within 14 days of their installation.

FORM SUBMISSION

By 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 INFORMATION

- Use black or blue ink only.
- We are unable to process forms with illegible, missing or incomplete information or missing signatures and dates.
- Enter official names. Do not use nicknames.
- 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 an individual is listed as an operator or bookkeeper, list the six (6) digit worker registry number and expiration date. If the individual is not currently listed on the Registry, please ensure that a *Application for Registry of Approved Bingo Workers FORMID 46* is completed.
- To add a designated member submit *Add Designated Member to Conductor License FORMID 62*.
- This form **must be signed and dated** by the Bingo Chairperson and an Officer/Director. If the Bingo Chairperson is unavailable, another officer may sign in lieu of the Bingo Chairperson. However, two different individuals must sign this form.

Name of Organization	Taxpayer Number	License Number
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NEW INDIVIDUAL(S) INFORMATION. LEGIBLY COMPLETE ALL AREAS.

A. Last Name	First Name	M.I.	B. Social Security Number
C. Worker Registry Number	Expiration Date (MM/DD/YYYY)	D. Driver's License Number/ID	State
E. Home Address (Street Address, P.O. Box or Rural Route)			
City	State	ZIP Code	F. Phone Number (Area Code & Number)
G. Race	H. <input type="checkbox"/> M <input type="checkbox"/> F Gender	I. Date of Birth (MM/DD/YYYY)	J. E-mail Address
K. Position (Check all that apply) <input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Operator (must be a member of the organization and listed on the Registry of Approved Bingo Workers) <input type="checkbox"/> Bookkeeper (must be listed on the Registry of Approved Bingo Workers)			

A. Last Name	First Name	M.I.	B. Social Security Number
C. Worker Registry Number	Expiration Date (MM/DD/YYYY)	D. Driver's License Number/ID	State
E. Home Address (Street Address, P.O. Box or Rural Route)			
City	State	ZIP Code	F. Phone Number (Area Code & Number)
G. Race	H. <input type="checkbox"/> M <input type="checkbox"/> F Gender	I. Date of Birth (MM/DD/YYYY)	J. E-mail Address
K. Position (Check all that apply) <input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Operator (must be a member of the organization and listed on the Registry of Approved Bingo Workers) <input type="checkbox"/> Bookkeeper (must be listed on the Registry of Approved Bingo Workers)			

NEW INDIVIDUAL(S) INFORMATION

A. Last Name First Name M.I. B. Social Security Number

C. Worker Registry Number Expiration Date (MM/DD/YYYY) D. Driver's License Number/ID State

E. Home Address (Street Address, P.O. Box or Rural Route)

City State ZIP Code F. Phone Number (Area Code & Number)

G. Race H. M F I. Date of Birth (MM/DD/YYYY) J. E-mail Address (optional)

K. Position (Check all that apply) Director Officer Operator (must be a member of the organization and listed on the Registry of Approved Bingo Workers) Bookkeeper (must be listed on the Registry of Approved Bingo Workers)

A. Last Name First Name M.I. B. Social Security Number

C. Worker Registry Number Expiration Date (MM/DD/YYYY) D. Driver's License Number/ID State

E. Home Address (Street Address, P.O. Box or Rural Route)

City State ZIP Code F. Phone Number (Area Code & Number)

G. Race H. M F I. Date of Birth (MM/DD/YYYY) J. E-mail Address (optional)

K. Position (Check all that apply) Director Officer Operator (must be a member of the organization and listed on the Registry of Approved Bingo Workers) Bookkeeper (must be listed on the Registry of Approved Bingo Workers)

STATEMENT OF RESPONSIBILITY

We declare that no person named in this supplement under whose name bingo will be conducted or a person working at the proposed bingo location has been convicted of a gambling offense or criminal fraud.

We declare that no officer or director of the organization has been convicted of criminal fraud or a gambling or gambling-related offense.

sign here ▶ Bingo Chairperson (cannot sign as Officer or Director) Print Name and Title Date

Worker Registry Number Expiration Date

sign here ▶ Officer or Director Print Name and Title Date

Worker Registry Number (if applicable) Expiration Date

ATTACH ADDITIONAL SHEETS IF NECESSARY.

ADDITIONAL SHEETS ATTACHED