



# Application for Registry of Bingo Workers

### WHO MUST SUBMIT THIS FORM

This form must be completed for first time registry or expired registry by a person that will be involved with the conduct of bingo as an operator, manager, cashier, usher, caller, salespersons, bookkeeper, or Bingo Chairperson for an annual license holder.

### FORM SUBMISSION

This form may be completed on the Bingo Service Portal (BSP) <https://bsc.txbingo.org/bsp/faces/Common/bspLoginPage.jsf>

**Postal Delivery:** Texas Lottery Commission, Charitable Bingo Operations Division, PO Box 16630, Austin, TX 78761-6630

**Courier Delivery:** Texas Lottery Commission, Charitable Bingo Operations Division, 1801 Congress Ave., Austin TX, 78701

**Email:** [bingo.services@lottery.state.tx.us](mailto:bingo.services@lottery.state.tx.us) **Fax:** 512-344-5142

**For Assistance** in completing this form, please call 1-800-BINGO-77 (1-800-246-4677) or visit our website at [txbingo.org](http://txbingo.org).

### GENERAL INSTRUCTIONS

- 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. All fields must be completed.
- A person who has been convicted of criminal fraud or a gambling related offense will not be listed on the Registry.**
- Any changes to information contained on this application must be submitted to the Commission in writing or by filing *Notice of Change to Worker Registry FORMID 48* within 30 days of the change.
- If approved, a person will remain on the Registry for a period of three years from the date approved by the Commission. It is the responsibility of the registered person to reapply on or before their expiration date in order to remain on the Registry. All persons listed on the Registry and their expiration date can be confirmed at [txbingo.org](http://txbingo.org).
- NOTE:** If you reside outside of Texas, a Federal Bureau of Investigation or Texas Department of Public Safety fingerprint card must accompany this application.
- Application will be returned if not complete or not accompanied with the registry fee.
- Use black or blue ink.
- Military service members, military veterans, or military spouses must file Military Service Members, Military Veterans, or Military Spouses form (FORMID 138).

### PROVISIONAL EMPLOYMENT INSTRUCTIONS

- If you are employed as an operator, manager, cashier, usher, caller or salesperson on a provisional basis while awaiting the results of a background check by the Commission, check the Provisional Employment checkbox in item K and complete the playing location information requested in items L through O.
- A bingo chairperson or bookkeeper is not eligible for provisional employment. They must be listed on the Registry before they may begin working in their position.
- A provisional employee must immediately stop working if: 1) after 14 days they are not listed on the registry if the individual is a resident of this state; 2) after 45-days they are not listed on the registry and the individual is not a resident of this state and submits a fingerprint card for a background investigation; and 3) found to be disqualified on the basis of the background investigation.

### APPLICANT INFORMATION

**A.** \_\_\_\_\_  
Name (LAST, FIRST, MIDDLE INITIAL)

**B.** \_\_\_\_\_ **C.** \_\_\_\_\_  
Social Security Number Driver's License Number, Texas ID Card Number, Military ID Card Number State

**D.** \_\_\_\_\_  
Home Address (Street Address, P.O. Box or Rural Route)

\_\_\_\_\_  
City State ZIP Code **E.** \_\_\_\_\_  
Phone Number (Area Code & Number)

**F.** \_\_\_\_\_ **G.**  M  F **H.** \_\_\_\_\_ **I.** \_\_\_\_\_  
Race Gender Date of Birth (Month, Day, Year) E-mail Address

**J.**  Completed *Military Service Members, Military Veterans, or Military Spouses* form is attached.  I am a Military Member or a Spouse of a Military Member who holds an existing Out-of-State License. \_\_\_\_\_  
Filing as  Military Service Member  Military Veteran  Military Spouse State

### PROVISIONAL EMPLOYMENT

**K.**  Yes, I am working on a provisional employment basis. (If "no," go to *Statement of Responsibility*)

**L.** \_\_\_\_\_  
Employing Organization Name Taxpayer Number License Number (if applicable)

**M.** \_\_\_\_\_  
Name of Bingo Hall

**N.** \_\_\_\_\_  
Bingo Hall Address City State ZIP Code

**O.** \_\_\_\_\_  
Bingo Hall Phone Number Bingo Hall Fax Number

### STATEMENT OF RESPONSIBILITY PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING BY SIGNING THE SPACE PROVIDED

- I declare that I have not been convicted of criminal fraud or gambling related offense.
- I declare that all information contained on this application is true and complete.
- I am aware that I may not be involved with the conduct of bingo in Texas until I receive notification that I am listed on the Registry from the Commission, unless provisionally employed.
- I am aware I must notify the Commission of any changes to information contained on this application within 30 days of the change.
- I will abide by the provisions of the Bingo Enabling Act and Charitable Bingo Administrative Rules.

Exceptions: \_\_\_\_\_

**sign here** \_\_\_\_\_  
Applicant's Signature Print Name Date