



Notice of Change to Worker Registry

WHO MUST SUBMIT THIS FORM

This form must be submitted by a registered worker to notify the Commission of a change to information contained on the *Active Worker Registry Listing*. Changes to information must be reported within thirty days of the change.

FORM SUBMISSION

Website: Form can be submitted via Bingo Service Portal (BSP) at **txbingo.org**.

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 INSTRUCTIONS

- Use black or blue ink.
- An individual's name and worker registry identification number is required and must be entered in order to process this request.
- Complete only the field(s) for the information that is changing.
- The registered worker notifying the Commission of the change to their information on file must sign this form.

REGISTERED WORKER INFORMATION

Worker Registry Identification Number (6 digits)

ENTER ONLY INFORMATION TO BE CHANGED

Name (LAST, FIRST, MIDDLE INITIAL)

New Personal Identification Card needed

Driver's License Number

State

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

City

State

ZIP Code

Phone Number (Area Code & Number)

E-mail Address

Alternate Phone Number (Area Code & Number)

IDENTIFICATION CARD MAILING ADDRESS

Enter the mailing address that the Identification Cards should be sent to if different from your home address of record.

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

City

State

ZIP Code

SIGNATURE

sign here ▶

Registered Worker

Print Name

Date