



# OCCUPATIONAL LICENSE INTAKE FORM

State Form 47367 (R/3-08)

INDIANA GAMING COMMISSION

\*This agency is requesting disclosure of your Social Security Number in accordance with IC 4-1-8-1; disclosure is mandatory and this record cannot be processed without it.

Application date ( <i>month, day, year</i> )		Casino	
Last name		First name	Middle initial Maiden name
Social Security Number*	Position	Level	Department
Address ( <i>number and street</i> )			
City		State	County Zip code
Telephone number	Citizenship	Date of birth	City of birth State of birth
Height	Weight	Sex ( <i>circle one</i> ) Male                  Female	Age

### CIRCLE THE CODES THAT APPLY

#### HAIR COLOR

Bald ..... BAL	Black ..... BLK	Blond/Strawberry ..... BLN
Brown ..... BRO	Gray/Part Gray ..... GRY	Red/Auburn ..... RED
Sandy ..... SDY	White ..... WHI	

#### EYE COLOR

Black ..... BLK	Blue ..... BLU	Brown..... BRO
Gray ..... GRY	Green ..... GRN	Hazel ..... HAZ
Maroon ..... MAR	Pink ..... PNK	

#### SKIN TONE

Albino ..... ALB	Black ..... BLK	Dark ..... DRK
Dark Brown ... DBR	Fair ..... FAR	Light ..... LGT
Light Brown ... LBR	Medium ..... MED	Medium Brown ..... MBR
Olive ..... OLV	Ruddy ..... RUD	Sallow ..... SAL
Yellow ..... YEL		

#### RACE

White ..... W	Black ..... B	Asian/Pacific Isl ..... A
Am. Indian/Alaskan ... I	Multi-Racial ..... M	Hispanic ..... H

### INDIANA GAMING COMMISSION USE ONLY BELOW THIS LINE

<b>Proof of Identification</b> <input type="checkbox"/>	<b>Occllic Date entry complete</b> <input type="checkbox"/>	<b>Application Scanned and Saved on S: Drive</b> <input type="checkbox"/>
<b>Proof of Age</b> <input type="checkbox"/>	<b>Fingerprints taken</b> <input type="checkbox"/>	<b>Email Application to Investigations</b> <input type="checkbox"/>
<b>Application complete and legible</b> <input type="checkbox"/>	<b>Photograph taken</b> <input type="checkbox"/>	
<b>Interview complete</b> <input type="checkbox"/>	<b>Badge printed</b> <input type="checkbox"/> <i>*unless felony conviction</i>	

Agent Received by \_\_\_\_\_

Identification number \_\_\_\_\_