



OCCUPATIONAL LICENSE SEPARATION FROM SERVICE OR SUSPENSION

State Form 51891 (R/3-08)

INDIANA GAMING COMMISSION

Licensee Identification

Last name		First name		Middle initial	Maiden name
Address (number and street)					
City	State	Zip code	Telephone number	SSN (last four digits) XXX-XX-_____	
Occupational license number		Date of birth (month, day, year)		Department/division	
Job title			Supervisor		

Separation from Service

Date of separation from service (month, day, year)	<input type="checkbox"/> Involuntary	<input type="checkbox"/> Voluntary
Reason		

Was the IGC badge collected?* Yes No

If yes, attach badge to form. If no, reason why: _____

* Pursuant to 68 IAC 2-3-9.2, the casino or supplier licensee must collect the identification badge issued by the Commission to an occupational licensee when the occupational licensee's employment with the casino or supplier licensee is terminated for any reason.

Suspension

Start date (month, day, year)	End date (month, day, year)
Reason	

Signatures

_____ Signature of Human Resources employee	_____ Print Name	_____ Date (month, day, year)
_____ Name of IGC Agent	_____ Identification number	_____ Date (month, day, year)