



APPLICATION FOR POSITION CHANGE OR REPLACEMENT BADGE

State Form 53543 (3-08)

INDIANA GAMING COMMISSION

Casino Name: _____

OR

Supplier Name: _____

Occupational 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 | | |

Position Change

**An increase in License level requires that a new application be completed*

| | | | | | | |
|-----------------------------------|--|-----------------------------|---|--------------------|--|------------------------|
| Current position | | Current department/division | | Current supervisor | | Current license level* |
| New position | | New department/division | | New supervisor | | New license level* |
| Effective date (month, day, year) | Was the old IGC badge collected? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Human Resources authorization Signature: _____ Date: _____ | | | |

Reinstatement

**A license may be reinstated only if the applicant returns to the same employer within 60 days following separation of service*

| | | | | | | |
|--|---|-------------------------|--|----------------|--|-------------------|
| New position | | New department/division | | New supervisor | | New license level |
| Reinstatement date* (month, day, year) | Human Resources authorization Signature: _____ Date: _____ | | | | | |

Lost/Damaged Badge or Name Change

Lost Stolen Damaged Name Change

| | | | | | | |
|-------------------------------|--|--------------------------------|--|--------------------|---------------------------------|--|
| New last name (if applicable) | | New first name (if applicable) | | New middle initial | New maiden name (if applicable) | |
|-------------------------------|--|--------------------------------|--|--------------------|---------------------------------|--|

Signatures

All costs in connection with the issuing of this IGC Badge will be billed to the Casino or Supplier. Any reimbursement on the part of the Applicant is the responsibility of the Casino or Supplier.

The Applicant has been made aware that making a false statement on this application will be grounds for the revocation of same. All necessary steps have been taken to surrender previously issued IGC badge.

Signature of Applicant

Date (month, day, year)

Name of IGC Agent

Identification number

Date (month, day, year)