



OCCUPATIONAL LICENSEE ANNUAL RENEWAL / INFORMATION UPDATE

State Form 53544 (R2 / 11-15)
Approved by State Board of Accounts, 2015
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.

Pursuant to 68 IAC 2-3-9.1, all occupational licensees are under a continuing duty to advise a gaming agent of any changes in the information requested below within ten (10) calendar days of the change or occurrence of the event.

- INSTRUCTIONS:**
1. Mark whether you are completing this form as part of an annual license renewal or to update the Commission regarding changes in your personal information.
 2. Complete the Employee Identification section.
 3. Provide any disclosures as appropriate.
 4. Read disclaimer and sign in the presence of a gaming agent.

Annual Renewal

Update of Information

Licensee Identification

(This section is required.)

Last name		First name		Middle initial	Maiden name
Address (number and street)					
City		State	ZIP code	Telephone number	Social Security Number ____ - ____ - ____
Occupational license number	Date of birth (month, day, year)	Start date (month, day, year)		Department/division	
Job title			Supervisor		

Disclosures

(Complete this section as necessary.)

Arrest, Indictment, Charge or Conviction (except for arrests which have been sealed or convictions which have been expunged by a court)

Date (month, day, year)	Charge	Arresting agency	Location	Disposition
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Notice of Exclusion

Date (month, day, year)	Jurisdiction/State	Agency/Tribe
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License Revocation or Suspension in another Jurisdiction

Date (month, day, year)	Jurisdiction/State	Agency/Tribe
Action taken		Reason

Set forth any other information that may affect your suitability for licensure (attach additional sheets if necessary):

Signatures

I, the undersigned, under the penalty of perjury, have examined the above and to the best of my knowledge and belief, the information provided is true, complete, and correct. I understand that the Commission may conduct a background investigation on any occupational licensee and may require that all or any part of the investigation cost be charged to the occupational licensee. I am aware that falsification or omission of information may result in the initiation of a disciplinary action or the revocation of my occupational license. The Commission may also refuse to renew my occupational license if I no longer meet the statutory and regulatory requirements for suitability.

Signature of Licensee

Date (month, day, year)

Name of IGC Agent

Identification number

Date (month, day, year)