

SIGNATURE

I hereby certify that all information provided in this application is true to the best of my knowledge, information, and belief. I have not knowingly made a false statement on this application, and I have read and understand the terms and conditions as set out under the Charitable Gaming Statute and the Charitable Gaming Rules and Regulations. I understand that false or misleading answers are cause for the denial of this Bingo Caller Certificate of Registration Application. I, the undersigned, do hereby authorize and give my consent to the Department to conduct an investigation to ensure that my application meets the requirements of Section 18.2-340.34:1. of the Charitable Gaming Statute. I understand additional information may be requested of me in regard to this investigation.

I understand and agree to notify the Office of Charitable Gaming - Licensing Unit if any information changes after the submission of this application.

I also agree that I will abide by the Charitable Gaming Statute, the Charitable Gaming Rules and Regulations, and any and all laws and regulations of the Commonwealth of Virginia.

Print Full Legal Name:

First

Middle

Last/Suffix

Signature: _____

Date: _____