

Mail Completed Application To:
 Department of Charitable Gaming
 101 North 14th Street, 17th Floor,
 James Monroe Building
 Richmond, Virginia 23219



FORM 404
 PERSONAL INFORMATION UPDATE
 REGISTERED BINGO CALLERS AND
 REGISTERED BINGO MANAGERS
 FORM

COMMONWEALTH OF VIRGINIA
 DEPARTMENT OF CHARITABLE GAMING

101 N. 14TH Street, 17th Floor, James Monroe Building, Richmond, VA 23219-3684
 Licensing Unit Contact No. (804) 225-2801
 www.dcg.virginia.gov

PERSONAL INFORMATION UPDATE - REGISTERED BINGO CALLERS AND REGISTERED BINGO MANAGERS

- A. Use this form for any change in a registered bingo caller or registered bingo manager's name or social security number.
- B. The registered bingo caller or registered bingo manager must complete the entire form. DO NOT LEAVE ANY BLANKS.
- C. Attach a copy of your current Certificate of Registration
- D. Retain a copy of this form for your records
- E. Mail completed form to: Department of Charitable Gaming, 101 N. 14th Street, 17th Floor, James Monroe Building, Richmond, Virginia 23219.

PERSONAL INFORMATION

1. Applicant Type: _____ Bingo Caller _____ Bingo Manager _____ Certificate #: BCR/BMR _____
 Change Request Type: _____ Name _____ Social Security Number _____ Both _____

2. Full Legal Name: _____
 First _____ Middle _____ Last / Suffix _____
 Social Security Number: _____
 Personal Identification: Male _____ Female _____ Race _____
 Current Residence _____
 Physical Street Address _____
 City _____ State _____ Zip Code _____
 Mailing Address (If same as above, check here) _____
 City _____ Mailing Address _____
 State _____ Zip Code _____

3. Contact Information
 Daytime Telephone No. (XXX) XXX-XXXX _____
 Secondary Telephone No. (XXX) XXX-XXXX _____
 Facsimile No. (XXX) XXX-XXXX _____
 Email Address _____

SIGNATURE

I, the undersigned, hereby certify that all information contained herein is true to the best of my knowledge and that I have not knowingly made a false statement on this Personal Information Update.
 I understand that false or misleading answers are cause for the revocation of the Certificate of registration.
 I do hereby authorize and give my consent to the Virginia Department of Charitable Gaming to conduct an investigation to insure that my Personal Information Update meets the requirements of Section 18.2-340.34:1. of the Charitable Gaming Statute.

Signature _____ Date _____