

**DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
DIVISION OF CHARITABLE GAMING
GAMING PERSONNEL INFORMATION UPDATE**

DCG NO. _____

General Instructions

Upon election of any new President or Treasurer and/or Financial Officer, or organizational designation of a Game Manager(s), this form must be completed in its entirety and returned promptly to the Division of Charitable Gaming. The full complete name of each individual must be provided -- first name, middle name, and last name -- no initials. Section 18.2-340.25 of the Code of Virginia, 1950, as amended, requires the VDACS Division of Charitable Gaming to issue a permit only after a reasonable investigation has been conducted.

1. Use this form to notify the Division of Charitable Gaming of any changes in your organization's President, Treasurer and/or Financial Officer, and Game Manager(s).
2. This form must be completed in its entirety. Please do not leave blanks.
3. This forms must be signed by an authorized officer of the organization.
4. Mail this completed form to: VDACS, Division of Charitable Gaming, 101 N. 14th Street, James Monroe Building, 17th Floor, Richmond, VA 23219.

Organization Information

Organization Name: _____

Requested By: _____ Title: _____

Date Submitted: _____ Effective Date: _____

President, Treasurer and/or Financial Officer, and Game Manager(s)

I, the undersigned, do hereby authorize and give my consent to the VDACS Division of Charitable Gaming to conduct an investigation as set out under Section 18.2-340.25.B., Code of Virginia, 1950, as amended. I understand that further information may be requested of me in regard to this investigation. I hereby waive any rights or causes of actions that I may have based upon the disclosure of otherwise confidential information.

Signature: _____ Date: _____

Full Name: _____ Position: _____
First Name Middle Name Last Name

Social Security No. _____ Race: _____ Date of Birth: _____

Physical Home Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Contact No: (____) _____ Fax No: (____) _____

E-Mail Address: _____

THIS FORM MUST BE COMPLETED FOR (1) THE PRESIDENT, (2) THE TREASURER/ FINANCIAL OFFICER, AND (3) FOR EACH GAME MANAGER IF THEIR TERM EXPIRES DURING THE CHARITABLE GAMING PERMIT PERIOD, IF THE INDIVIDUAL HAS BEEN SO DESIGNATED AS EITHER THE PRESIDENT, TREASURER/FINANCIAL OFFICER, OR (3) A GAME MANAGER IN THE ORGANIZATION'S MOST RECENT APPLICATION TO CONDUCT CHARITABLE GAMING.

Organization Authorization

The following amendment to our organization's application to conduct charitable gaming activities is hereby authorized by the requesting organization, and I hereby certify that I am authorized to sign on behalf of the organization to amend the application as set forth above.

Print full first name, middle name and last name of authorizing officer of organization. Position: _____

Signature of Authorizing Officer Date: _____

The Division of Charitable Gaming reserves the right to request additional information from those named in the "Personnel Information" section of this Bingo/Raffle Application.