

**DEPARTMENT OF CHARITABLE GAMING
AMENDMENT TO CERTIFICATE OF REGISTRATION
REGISTERED BINGO CALLERS AND BINGO MANAGERS**

General Information

Upon the change in a Registered Bingo Caller or Registered Bingo Manager's Charitable Gaming Organization Registration, this form must be completed in its entirety and returned promptly to the Department of Charitable Gaming.

1. Use this form only to notify the Department of Charitable Gaming of any change in a Registered Bingo Caller or Registered Bingo Manager's charitable gaming organization information.
2. This form must be completed in its entirety. Please do not leave any blanks.
3. Use additional sheets, if needed.
4. Mail this completed form to: Department of Charitable Gaming, 101 N. 14th Street, James Monroe Building, 17th Floor, Richmond, VA 23219.

Registered Bingo Caller and Registered Bingo Manager - Registered Organizational Change

1. Bingo Caller or Bingo Manager's Full Name: _____
First Middle Last - Suffix

Certificate of Registration Number: BCR _____ or BMR _____

2. ***Check The Appropriate Box*** - List the Department of Charitable Gaming No., organization name, and bona fide membership date of each separate organization that you will provide authorized Bingo Caller or Bingo Manager services to ***not*** previously registered. If you are withdrawing from an organization, provide the Department of Charitable Gaming No. and the full name of the organization only.

Check Only One Add Organization _____ Remove Organization _____

_____ DCG No. _____ Full Name of Organization

Membership Date (Month, Date and Year): _____

Have you been a bona fide member in good standing for the previous 12 months? Yes _____ No _____

Check Only One Add Organization _____ Remove Organization _____

_____ DCG No. _____ Full Name of Organization

Membership Date (Month, Date and Year): _____

Have you been a bona fide member in good standing for the previous 12 months? Yes _____ No _____

Signature

I hereby certify that all information provided is true to the best of my knowledge and that I have not knowingly made a false statement on this Amendment to the Certificate of Registration. I understand that false or misleading answers are cause for the revocation of the Certificate of Registration. I understand that the Virginia Department of Charitable Gaming may conduct an investigation to insure that my Amendment to the Certificate of Registration meets the requirements of Section 18.2-340.34:1. of the Charitable Gaming Statute.

_____ Signature

_____ Date