

# **Vendor Principal/Technician Renewal Application**



**Delaware Nation Gaming Commission  
31064 S Hwy 281, Bldg. 100 \* Anadarko, OK 73005  
Phone (405) 247-2292 \* Fax (405) 247-4810**

**APPLICATION PACKAGE CHECKLIST**

**Applicants Name:** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Please include all of the following with the completed application**

- Application Instruction Sheet**
- Privacy Act / False Statement Sheet**
- Release of Information Sheet**
- Gaming License Listing**
- Copy of valid driver's license or a valid government issued photo ID**
- Copy of social security card**
- Copy of updated photo**
- Copy of DD 214 (military discharge papers)**
- Fingerprint Card**
- FBI fingerprint request letter (filled out & signed)**

\_\_\_\_\_  
**DNGC Vendor Licensing Agent**

\_\_\_\_\_  
**DATE**

**Commission Use Only**

# Notice to Applicants

1. An applicant may be subject to denial, late fees, and or revocation for failing to provide all information, documentation and assurances as required or requested, for failing to reveal any material facts, and/or for providing misleading or false information. The Office of the Delaware Nation Gaming Commissioner (DNGC) reserves the right to request additional information at any time.
  - a. The disclosure of Social Security Numbers (SSN) is voluntary. However, failure to supply the SSN may result in errors in processing applications which may lead to denial or revocation of the gaming license.
2. The Burdon of Proof resides solely on the applicant.
3. An application may not be withdrawn without the express written consent of the DNGC.
4. All licensing fees and required information shall be required to be paid for an application to be considered "received".
  - a. Any additional information requested shall be required to be submitted to the DNGC within ten (1) business days).
5. A fee schedule is available with the DNGC.
  - a. All fees shall be non-refundable.
  - b. Any changes to the fee schedule shall be made available to all applicable vendors a minimum of forty-five (45) days prior to implementation.
6. By signing this application the applicant expressly consents to the jurisdiction of the Delaware Nation, affirms the understanding that false or misleading statements on any part of the application may be grounds for denial, revocation, or late fees, and accepts any risk of adverse reaction, financial loss, or public notice that may result from any action taken with respect to an application with the DNGC thereby waiving any claim for damages as a result of any action taken with respect to the applicant.

# Instructions



1. Print clearly or type in only blue or black ink.
2. Answer every question, leave no answer blank. If a question does not apply mark "N/A" in the answer field.
3. Use additional sheets as necessary.
4. The application may be returned to the following:

Delaware Nation Gaming Commission  
Attn: Vendor Licensing  
P.O. Box 825  
Anadarko, OK 73005

OR

Delaware Nation Gaming Commission  
Attn: Vendor Licensing  
31064 S Hwy 281, Bldg. 100  
Anadarko, OK 73005

## Application type:(Select all that apply)

1.    
2.  Principal  Technician --  On-Site  Remote

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number: (\_\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ Gender:  Female  Male

Social Security Number(s): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

# CRIMINAL HISTORY

Since your last renewal application have you ever:

- Yes     No      Been arrested or charged with any crime or offense?
- Yes     No      Been convicted of a felony or misdemeanor?
- Yes     No      Had records expunged or sealed?
- Yes     No      Been an un-indicted co-party?

If yes, please provide documentation details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Since your last renewal have you ever been convicted of or currently being prosecuted for a felony: Yes      No

**If "Yes", Charge** \_\_\_\_\_ Date: \_\_\_\_\_

Name of Court: \_\_\_\_\_ City & State of Court \_\_\_\_\_

Disposition: \_\_\_\_\_

**Charge:** \_\_\_\_\_ Date: \_\_\_\_\_

Name of Court: \_\_\_\_\_ City & State of Court \_\_\_\_\_

Disposition: \_\_\_\_\_

**Charge:** \_\_\_\_\_ Date: \_\_\_\_\_

Name of Court: \_\_\_\_\_ City & State of Court \_\_\_\_\_

Disposition: \_\_\_\_\_

Since your last renewal have you ever been convicted of, or currently being prosecuted for a misdemeanor (excluding minor traffic violations): Yes      No

**If "Yes", Charge** \_\_\_\_\_ Date: \_\_\_\_\_

Name of Court: \_\_\_\_\_ City & State of Court \_\_\_\_\_

Disposition: \_\_\_\_\_

**Charge:** \_\_\_\_\_ Date: \_\_\_\_\_

Name of Court: \_\_\_\_\_ City & State of Court \_\_\_\_\_

Disposition: \_\_\_\_\_

**Charge:** \_\_\_\_\_ Date: \_\_\_\_\_

Name of Court: \_\_\_\_\_ City & State of Court \_\_\_\_\_

Disposition: \_\_\_\_\_

Since your last renewal have you had any criminal charge(s) whether or not there was a conviction (excluding minor traffic charges) that is not otherwise listed under felonies and/or misdemeanors (ABOVE).

Yes  No

**If "Yes", Charge** \_\_\_\_\_ Date: \_\_\_\_\_

Name of Court: \_\_\_\_\_ City & State of Court \_\_\_\_\_

Disposition: \_\_\_\_\_

**Charge:** \_\_\_\_\_ Date: \_\_\_\_\_

Name of Court: \_\_\_\_\_ City & State of Court \_\_\_\_\_

Disposition: \_\_\_\_\_

**Charge:** \_\_\_\_\_ Date: \_\_\_\_\_

Name of Court: \_\_\_\_\_ City & State of Court \_\_\_\_\_

Disposition: \_\_\_\_\_

**Charge:** \_\_\_\_\_ Date: \_\_\_\_\_

Name of Court: \_\_\_\_\_ City & State of Court \_\_\_\_\_

Disposition: \_\_\_\_\_

**Charge:** \_\_\_\_\_ Date: \_\_\_\_\_

Name of Court: \_\_\_\_\_ City & State of Court \_\_\_\_\_

Disposition: \_\_\_\_\_

**Charge:** \_\_\_\_\_ Date: \_\_\_\_\_

Name of Court: \_\_\_\_\_ City & State of Court \_\_\_\_\_

Disposition: \_\_\_\_\_

**DELAWARE NATION GAMING COMMISSION**  
**Authorization to Release Information**

Full Name of Requester: \_\_\_\_\_

Company Name: \_\_\_\_\_

Citizenship Status: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Current Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth \_\_\_\_\_

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct, and that I am the person named above, and I understand that any falsification of this statement is punishable under the provisions of 18 U.S.C. Section 1001 by a fine of not more than 10,000 or by imprisonment of not more than five years or both, and that requesting or obtaining any record(s) under false pretenses is punishable under the provisions of 5 U.S.C. 552a(i)(3) by a fine not more than 5,000. I further consent to the jurisdiction of the Delaware Nation Indian government without limit to time or event.

Signature: \_\_\_\_\_

Notarized by: \_\_\_\_\_

Subscribed and sworn to me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
My Commission Expires Seal

OPTIONAL: Authorization to Release Information to Another Person  
This form is also to be completed by a requester who is authorizing information relating to himself or herself to be released to another person. Further, pursuant to 5 U.S.C. Section 552a(b), I authorize the NIGC to release any and all information relating to me to:

**Name of Person(s)/Organization(s) Requesting Records: Delaware Nation Gaming Commission**

**DELAWARE NATION GAMING COMMISSION**  
**AUTHORIZATION FOR RELEASE OF INFORMATION**

PRESENTED TO: \_\_\_\_\_ (Leave Blank)

I, \_\_\_\_\_  
(Print Principal/Technician Name)

Hereby authorize release to the Delaware Nation of Western Oklahoma Gaming Commission any information requested in order for the Delaware Nation Gaming Commission to determine my suitability for involvement in Indian gaming. This document authorizes release of requested information whether or not such information would be otherwise be protected from disclosure by any constitutional, statutory or common law privilege.

I agree to accept any risk of adverse public notice, embarrassment, criticism or financial loss that may result from use of information that is obtained in connection with a background investigation for the purpose listed in the first paragraph of this document.

I authorize release of information related to my activities: Schools, property interest (real and personal), employment, criminal justice agencies, regulatory agencies, business, financial institutions, lending institutions, medical institutions, hospital and health care professionals. I authorize review and copying of all documents.

I relinquish any rights that I may otherwise have to pursue a cause of action against any person (or his/her agent) to whom this request is presented when such cause of action arises out of response to a request for information pursuant to Delaware Nation Gaming Ordinance and the Indian Gaming Regulatory Act (25 U.S.C. Section 2701 et. seq.). I further agree to indemnify and hold harmless any person to whom this request is lawfully presented. Such Indemnification and holding harmless includes all claims, damages, losses and expenses, including reasonable attorney fees.

A reproduction of this authorization is the same as the original.

Executed at (City) \_\_\_\_\_, (State)\_\_\_\_\_.

Vendor Principal/Employee Signature: \_\_\_\_\_.

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
My Commission Expires

\_\_\_\_\_  
Notary Public Signature



## PRIVACY NOTICE

In compliance with the Privacy Act of 1974, the following information is provided:

Solicitation of the information on this form is authorized by 25 U.S.C. 2701 et seq. The purpose of the requested information is to determine the eligibility of vendor employees and/or shareholders and/or owners in a gaming operation. The information will be used by National Indian Gaming Commission members and staff who have need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, Tribal, State, local, or foreign law enforcement and regulatory agencies when relevant to civil, criminal or regulatory investigations or prosecutions or when pursuant to a requirement by a tribe or the Nation Indian Gaming Commission in connection with the licensing of an vendor, the issuance or revocation of a vendor applicant, or investigations of activities while associated with a tribe or a gaming operation.

Failure to consent to the disclosure indicated in this notice will result in a tribe's being unable to grant a gaming license as a vendor principal/technician.

The disclosure of your Social Security Number (SSN) is voluntary. However, failure to supply a SSN may result in errors in processing your application.

### Notice Regarding False Statements

A false statement on any part of your application may be grounds for not being permitted a license. Also, you may be punished by fines or imprisonment (U.S. Code, title 18, section 1001).

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**Vendor Principal/Technician Signature**

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**Date**

# Delaware Nation Gaming Commission

## FBI Fingerprint Request Letter

FBI CJIS Division – Record Request  
1000 Custer Hollow Road  
Clarksburg, WV 26306

To Whom It May Concern,

I am seeking licensure with the Delaware Nation Gaming Commission and have been asked to provide the Gaming Commission with the results of an FBI records check. Enclosed are my fingerprint cards and my information are as follows:

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
SSN: \_\_\_\_\_  
DOB: \_\_\_\_\_

Please forward the results of your search to:

Delaware Nation Gaming Commission  
Attn: Vendor Licensing Agent  
P.O. Box 825  
Anadarko, OK 73005

If you have any questions, please contact the Vendor Licensing Agent at 405-247-2292 or 405-247-2448 x 1160

Sincerely,

\_\_\_\_\_