

PERSONAL HISTORY DISCLOSURE FORM 2



UNITED STATES VIRGIN ISLANDS



Virgin Islands Casino Control Commission

3005 Orange Grove
Christiansted, VI 00820-3005
(340) 718-3616 ext. 240 • (340) 718-3136 fax
info@casinocontrolcommission.vi

CASINO EMPLOYEE LICENSE APPLICANT CHECKLIST

- ☐ Personal History Disclosure Form 2. Applicant must answer every question completely
- ☐ Statement of Truth, Release of all Claims, and Release Authorization must be notarized

THE FOLLOWING DOCUMENTATION ARE REQUIRED FOR INITIAL APPLICATION

- ☐ Fingerprint card
- ☐ VIPD Background check
- ☐ 2 passport size pictures
- ☐ 2 Government issued I.D. (i.e., V.I. Driver's license, Passport and/or Voter's I.D.)
- ☐ Birth Certificate
- ☐ Naturalization Document or U.S. Passport
- ☐ Offer letter
- ☐ Tax documents (last 3 years)
- ☐ Social Security Card
- ☐ High School Diploma

THE FOLLOWING DOCUMENTATION ARE REQUIRED FOR RENEWAL APPLICATION

- ☐ Personal History Disclosure Form 2 – Renewal. Applicant must answer every question completely
- ☐ Fingerprint card
- ☐ Background check
- ☐ 2 passport size pictures
- ☐ Tax documents (last 3 years)

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer

reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is

placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

NOTICE – BACKGROUND INVESTIGATION

In connection with your application for licensure with the Virgin Islands Casino Control Commission (the “CCC”), notice is hereby given that a consumer report and/or investigative consumer report may be obtained by the Virgin Islands Department of Justice, Division of Gaming Enforcement (“DGE”) from a consumer reporting agency for employment purposes. These reports may contain information about your character, general reputation, personal characteristics, and mode of living, whichever are applicable. The reports may also contain information about you relating to your criminal history, credit history, driving and/or motor vehicle records, education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time after the receipt of the CCC’s adverse decision on your application for licensure, to request disclosure of the nature and scope of any investigative consumer report prepared by contacting the Casino Control Commission, 3005 Orange Grove, Christiansted, VI 00820; Phone: 1-340-718-3616 and AmericanChecked Inc., 4870 South Lewis Avenue, Suite 120, Tulsa, OK 74105; Phone: 1-800-975-9876. For more information about AmericanChecked’s privacy practices, see <http://americanchecked.com/privacy-policy>. The scope of this notice and below authorization is not limited to the present and, if you are hired, will continue throughout the course of your employment, and allow the CCC/DGE to conduct future screenings for retention, promotion, or reassignment, as permitted by law and unless revoked by you in writing.

NOTICE – BACKGROUND INVESTIGATION

By signing below, I hereby authorize the obtaining of consumer reports and/or investigative consumer reports by the CCC/DGE at any time after receipt of this authorization and throughout the course of my employment, if applicable.

Signature: _____ Date: _____

First Name: _____ Middle Name: _____ Last Name: _____

Last Four Digits of SSN: _____

**PERSONAL HISTORY DISCLOSURE FORM 2
APPLICATION INSTRUCTIONS**

1. You are to complete this application if you are:
 - a. An applicant for an initial 3-year casino employee license; or
 - b. An applicant for an initial 3-year gaming school employee license; or
 - c. Directed to do so by the Casino Control Commission (Commission).
2. Read this entire form carefully before answering any of the questions.
3. Answer every question completely and truthfully. **DO NOT LEAVE ANY BLANK SPACES.** If a question does not apply to you, indicate "Does not apply" in response to that question. If there is nothing to disclose to a particular question, state "None" in response to that question.
4. All entries on this form, except signature, must be typed or block printed in black ink. If your application is not legible, it will not be accepted.
5. Initial each page of this form in the space provided after you have checked your answers and are sure they are complete and correct.
6. Sign the Statement of Truth, the Release Authorization and Release of all Claims in the presence of a Notary Public.
7. Attach to this form a copy of your birth certificate. If your birth certificate is not available, one of the following will be accepted:
 - a. your notarized statement confirming your date and place of birth.
 - b. Naturalization papers.
8. Attach to this form a copy of your Social Security Card and a copy of a government-issued I.D.
9. All persons completing this application form must be fingerprinted. Appropriate fingerprint cards must accompany this application.
10. Submit an original and one (1) copy of this entire form to the U.S. Virgin Islands Casino Control Commission.
11. Once filed, you may not withdraw your application without the permission of the U.S. Virgin Islands Casino Control Commission.
12. We recommend that you keep a copy of your completed application for your records.
13. **IMPORTANT!** Staple two recent photographs within the box. Print name on rear of photographs.
14. **EXHIBITS:** All attachments requested in this form shall be referred to by exhibit number and attached to the back of this form.

**U.S. VIRGIN ISLANDS
CASINO CONTROL COMMISSION**
(print or type all answers)

VICCC Use Only

OCCUPATION APPLIED FOR:

SIGNATURE OF EMPLOYER

SIGNATURE OF APPLICANT

1. _____
2. _____

EMPLOYER SIGNATURE ABOVE CERTIFIES THAT THE APPLICANT NAMED HEREIN HAS BEEN OFFERED A POSITION AND HAS OR WILL BE TRAINED IN THE OCCUPATION INDICATED AND WILL BE EMPLOYED IF LICENSED.

NAME: (Last)	(First)	(Middle)		
Mailing Address:	(City)	(State)	(Zip Code)	Daytime Phone No.
Physical Address (Home):	(City)	(State)	(Zip Code)	Evening Phone No.
DATE OF BIRTH:	Maiden Name:	Height	Weight	Social Security #:
ALIASES OR NICKNAMES:		DRIVER'S LICENSE INFORMATION		
		STATE: NUMBER:		

PLEASE CHECK (for statistical purposes only)

SEX	RACE
Male	Caucasian
	Black
	Hispanic
Female	American
	Indian
	Other

Attach a passport size photograph in each box. Print your name on the back of each photograph before attaching.

1. Have you been known by any name or names other than as listed on previous page? If yes, list the additional names below and specify dates of use for each.

2. Of what country are you a citizen?

A. Please indicate:

1. Place of birth (City, State, Country): _____

2. Country of birth: _____

B. If you are not a citizen of the United States, please indicate:

1. Port of entry to the United States: _____

2. Name and address of sponsor upon your arrival:

3. If you are a naturalized citizen, provide the following information:

PETITION NUMBER	DATE GRANTED	COURT	CITY/STATE OF COURT	CERTIFICATE NUMBER
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4. If you are a legally authorized Permanent Resident Alien, provide the "A" number from your Alien Registration Card (I 151 or I 551). _____

5. If you do not have an Alien Registration Card but are an alien authorized to be employed in the United States, please provide the "A" number from that authorization. _____

6. Have you lived in the U.S. Virgin Islands continuously for (5) years or more? ☐ Yes ☐ No

If answer is no, state how long you have lived continuously in the U.S. Virgin Islands: _____

RESIDENCE DATA

6. Beginning with your current residence(s) and working backwards, provide the following information with respect to each place where you have lived during the past five years.

DATES		ADDRESS (No., Street, Apt., City, State, Country & Zip Code)	TELEPHONE NUMBER
FROM: (MO/YR)	TO: (MO/YR)		

FAMILY DATA

7. Circle your current marital Status: Single Married Legally Separated Divorced
- A. Give the name of your present spouse: _____
- C. List all former spouses: _____

MILITARY SERVICE DATA

8. Have you ever served in a military organization of the United States or been an active member of the Reserve Forces of the United States? Yes No

If yes, provide the following information:

Branch of Service: _____

Service Serial #: _____

Highest Rank Held: _____

Period(s) of Active Service:

FROM: _____ TO: _____

FROM: _____ TO: _____

9. Indicate your type of discharge or separation from Military Service(s): _____
(Honorable, Dishonorable, Honorable Conditions, Medical, etc.)
10. Have you ever been tried by military court martial or have you had charges filed against you under Article 15 of the Uniform Code of Military Justice (summary court, deck court, captain's mast, company punishment, etc.) Yes No If yes, give details of the charge(s) and their disposition(s).

NOTE: Attach to this form a copy of your military record (DD214).

If unavailable, provide a copy of a letter to the appropriate branch of military indicating that you requested your Military Service information.

If discharged prior to 1951, please indicate such. If in reserves, please attach a copy of your discharge papers.

EDUCATIONAL DATA

11. Beginning with secondary (high school) education, provide the information listed below with respect to each school, college, graduate or post graduate school, vocational or other employment training program which you have attended. Be sure to include participation in certified Territorial casino gaming training courses. If applicable and available, attach a copy of your graduation certificate from the gaming school attended.

DATES		NAME AND ADDRESS OF SCHOOL, TRAINING PROGRAM, ETC.	DESCRIPTION OF EDUCATIONAL PROGRAM	LIST ANY DEGREE OR CERTIFICATION ATTAINED
FROM: (MO/YR)	TO: (MO/YR)			

EMPLOYMENT AND LICENSING DATA

12. Provide the information listed below as to each place in which you have been employed for the past ten (10) years. Begin with your present job and work backwards. Give dates of any unemployment between jobs in proper sequence. Include all part-time and full-time employment and any military service. Note by means of an asterisk (*) any gaming-related employment (such as casino gaming, horse racing or dog racing, parimutuel operation, lottery, sports betting, etc.)

DATES		NAME, MAILING ADDRESS AND PHONE NUMBER OF EMPLOYER(S). INCLUDE NAME OF IMMEDIATE SUPERVISOR.	TITLE, POSITION HELD AND DESCRIPTION OF DUTIES	REASON FOR LEAVING
FROM: (MO/YR	TO: MO/YR			

13. Have you ever before applied to the Virgin Islands Casino Control Commission for any license, permit approval or registration? Yes No. If yes, complete the following chart:

TYPE OF LICENSE, PERMIT, APPROVAL OR REGISTRATION PREVIOUSLY APPLIED FOR	DATE APPLICATION WAS FILED	DISPOSITION (GRANTED, PENDING, DENIED)	IF ISSUED, GIVE APPROPRIATE NUMBER(S)

14. Have you ever applied in any other jurisdiction for a license, permit or other authorization to participate in a lawful gambling operation (including casino gaming, horse racing, dog racing parimutuel operation, lottery, sports betting, etc.?) Yes No. If yes, complete the following chart:

TYPE OF GAMBLING APPROVAL	POSITION SOUGHT OR HELD	DATE OF APPLICATION	NAME AND ADDRESS OF LICENSING AGENCY (INCLUDE COUNTRY, STATE, COUNT OR MUNICIPALITY)	DISPOSITION (GRANTED, DENIED OR PENDING)	IF ISSUED, GIVE APPROPRIATE NUMBERS

15. Have you ever had any license, permit or certificate denied, suspended or revoked by any governmental agency? (Do not include driver's license.) Yes No If yes, complete the following chart:

TYPE OF LICENSE, PERMIT OR CERTIFICATE	NAME & ADDRESS OF GOVERNMENTAL AGENCY	DATE OF DENIAL, SUSPENSION OR REVOCATION	REASON(S) FOR DENIAL, SUSPENSION OR REVOCATION

CIVIL, CRIMINAL AND INVESTIGATORY PROCEEDINGS

Question #16 asks about any arrests, charges or offenses you may have committed. Prior to answering this question, carefully review the definitions and instructions which follow. For purposes of this question:

DEFINITIONS

- A. "Arrest" includes any detaining, holding or taking into custody by any police or other law enforcement authorities to answer for the alleged performance of any "offense."
- B. "Charge" includes any indictment, complaint, information, summons, or other notice of the alleged commission of any "offense."
- D. "Offense" includes all felonies, crimes, misdemeanors, disorderly conduct offenses and any other types of offenses.

INSTRUCTIONS

1. Answer "YES" and provide all information to the best of your ability EVEN IF:
 - A. You did not commit the offense charged;
 - B. The charges were dismissed
 - C. You completed a Pretrial Intervention Program (PIP) or equivalent diversionary program in any jurisdiction;
 - D. You were not convicted;
 - E. You did not serve any time in prison or jail; or
 - F. The charges or offenses happened a long time ago.
2. Answer "NO" IF:
 - A. The records relating to the arrest or charges have been expunged or sealed by court order; AND
 - B. You attach a copy of the expungement or sealing order to this application.

16. Have you ever been arrested or charged with any crime or offense (other than a traffic violation) in this Territory or anywhere else? Yes No If yes, complete the following chart:

NATURE OF CHARGE OR ARREST	DATE OF CHARGE OR ARREST	NAME AND ADDRESS OR LAW ENFORCEMENT AGENCY OR COURT INVOLVED	DISPOSITION (CONVICTED, ACQUITTED, DISMISSED, PENDING, PARDONED, ETC.)	SENTENCED

17. Have you ever been called to testify before, been the subject of an investigation conducted by, or requested to take a polygraph exam by any governmental agency, court, committee, grand jury or investigatory body (municipal, state, territory, county, provincial, federal, national, etc.) other than in response to a traffic summons? Yes No If yes, complete the following chart:

NAME AND ADDRESS OF COURT OR OTHER AGENCY	NATURE OF PROCEEDINGS OR INVESTIGATION	WAS TESTIMONY GIVEN	DATE ON WHICH TESTIMONY WAS GIVEN	APPROXIMATE TIME PERIOD OF INVESTIGATION

18. a) Have you ever been a party to a lawsuit? (Include matrimonial matters, negligence matters, auto accident matters, contract matters, collection matters, debt matters, etc.) Yes No
- b) Have you ever had any financial liens filed against you? (include federal tax liens, employment judgments, defaulted student loans, etc.) Yes No
- If yes to either question, complete the following chart:

DATE FILED	JURISDICTION	DOCKET NUMBER	OTHER PARTIES TO SUIT	NATURE OF SUIT	DISPOSITION	DATE OF DISPOSITION

FINANCIAL DATA

19. Within the past 10 years, have you held an ownership interest in any business(es)? (Do not include publicly traded corporations in which you owned stock.) Yes No
- If yes, beginning with the most recent and working backwards, provide the following information with regard to all business(es) in which you have held an ownership interest.

DATES		NAME(S) AND ADDRESS(ES) OF BUSINESS(ES)	CURRENT STATUS OF BUSINESS(ES)	% OF INTEREST HELD BY YOU	NAME(S) OF OTHER OWNER(S)
FROM:	TO:				
(MO/YR	(MO/YR				

20. Have you personally ever been adjudicated bankrupt or filed a petition for any type of bankruptcy or insolvency under any bankruptcy insolvency law? Yes No If yes, attach a copy of the bankruptcy petition and discharge if granted. If yes, also complete the following chart:

DATE FILED	DOCKET NUMBER	NAME & ADDRESS OF COURT	NAME AND ADDRESS OF TRUSTEE

21. Has any business entity in which you held 10% or greater ownership (other than ownership of stock in a Publicly Traded corporation) or in which you served as an officer or director ever been adjudicated bankrupt or filed a petition for any type of bankruptcy or insolvency under any bankruptcy or insolvency law? Yes No If yes, complete the following chart:

DATE FILED	DOCKET NUMBER	NAME & ADDRESS OF COURT	NAME & ADDRESS OF FILING PARTY	NAME & ADDRESS OF TRUSTEE

22. Have your wages, earnings, or other income been subject to garnishment, attachment, charging order, voluntary wage execution or the like during the past ten year period? Yes _____ No _____
If yes, complete the following chart:

DATE FILED	DOCKET NUMBER	NAME & ADDRESS OF COURT	NATURE OF OBLIGATION	AMOUNT OF OBLIGATION	NAME & ADDRESS OF HOLDER OF OBLIGATION

23. Do you have any bank accounts or safe deposit boxes in your name? _____ Yes _____ No _____
Do you have access to the funds in any other bank accounts or safe deposit boxes? _____ Yes _____ No _____

If yes to either question, complete the following chart:

NAME & ADDRESS OF BANK	NAME(S) IN WHICH ACCOUNT(S) OR SAFE DEPOSIT BOX(ES) HELD	TYPE OF ACCOUNT, (SAVINGS, CHECKING, SAFE DEPOSIT, ETC.)	ACCOUNT NO. OR SAFE DEPOSIT BOX NO.

24. Provide the names and other information requested of three (3) references over the age of 18 who have known you for at least one year and can attest to your good character, reputation and business ability. No person can be a reference who is a member of your family. (Spouse, parents, grandparents, children, grandchildren, siblings, uncles, aunts, nephews, nieces, fathers-in-law, mothers-in-law, sons-in-law, daughters-in-law, brothers-in-law and sisters-in-law whether by whole or half-blood, by marriage, adoption or natural relationship.)

REFERENCE ONE

Name: _____ MAILING Address: _____

Physical Address: _____ Occupation: _____
_____ How long have you known the reference? _____
Telephone No.: _____

REFERENCE TWO

Name: _____ MAILING Address: _____

Physical Address: _____ Occupation: _____
_____ How long have you known the reference? _____
Telephone No.: _____

REFERENCE THREE

Name: _____ MAILING Address: _____

Physical Address: _____ Occupation: _____
_____ How long have you known the reference? _____
Telephone No.: _____

25. This page is to be used by you for any questions which require additional space to answer. The number of the question must be stated immediately prior to the answer. If additional pages are needed, photocopy this page or add paper of similar size and identify these pages with corresponding numbers and letters. Be sure to include your initials at the bottom on any new page added.

IDENTIFY ALL ANSWERS BY ORIGINAL QUESTION NUMBERS



Virgin Islands Casino Control Commission

3005 Orange Grove
Christiansted, VI 00820-3005
(340) 718-3616 ext. 240 • (340) 718-3136 fax
hschjang@casinocontrolcommission.vi

STATEMENT OF CONFORMITY, ACCURACY, AND COMPLIANCE

I hereby declare that I have reviewed this application, and to the best of my knowledge and belief, it is complete and accurate for submission to the Virgin Islands Casino Control Commission.

Casino Human Resources Representative

Date

Print Representative Name

STATEMENT OF TRUTH

STATE OF _____)
) SS.
COUNTY OF _____)

I _____, being duly sworn according to law deposes and says:
(*Print Name*)

(Place your initials in appropriate response.)

1. _____ I am the applicant who is submitting this application form.
2. _____ I personally supplied the information contained in this form.
3. _____ I swear/affirm that the information contained in this form is true to the best of my knowledge and belief.
4. _____ I swear/affirm that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to termination and/or punishment.

Date: _____

(SIGNATURE OF APPLICANT)

Interpreter's Name

Interpreter's Signature

Language spoken, if not English

SUBSCRIBED and sworn to before me this

_____ day of _____, 20____.

NOTARY PUBLIC

Commission Expiration Date

Seal

RELEASE OF ALL CLAIMS

The undersigned has filed with the U.S. Virgin Islands Casino Control Commission an application for a license. In consideration of the assurance by the Commission that no vote on said application will be taken except after deliberate, intensive and thorough investigation of the undersigned, including but not limited to background, family, associates and finances, the undersigned does for myself, my heirs, executors, administrators, successors and assigns, hereby release, remise and forever discharge the Government of the U.S. Virgin Islands, its instrumentalities and agents, including the U.S. Virgin Islands Casino Control Commission, its members, agents, and employees, from any and all manner of actions, causes of actions, suites, debts, judgments, executions, claims and demands whatsoever, known or unknown, in law or equity which the undersigned ever had, now has, may have, or claim to have, against any or all of said entities or individuals arising out of or by reason of the processing of the license or the investigations or hearings or other action relating to the undersigned's application for a license.

I, _____ the undersigned, having read this release, execute it
(Print Name)
voluntarily with full knowledge of its significance.

Date: _____

SIGNATURE OF APPLICANT

Date of Birth: _____

Social Security #: _____

SUBSCRIBED and SWORN to before me this

_____ day of _____, 20____

NOTARY PUBLIC

Commission Expiration Date


Seal

RELEASE AUTHORIZATION

To All Courts, Probation Departments, Selective Service Boards, Employers, Educational Institutions, Banks, Financial and Other Such Institutions, And All Governmental Agencies - federal, state and local, without exception, both foreign and domestic.

I _____ have authorized the U. S. Virgin Islands Casino Control Commission
(Print Applicant Name)

and/or The Department of Justice Division of Gaming to conduct a full investigation into my background and activities.

Therefore, you are hereby authorized to release any and all information pertaining to me, documentary or otherwise, as requested by any employee or agent of the U. S. Virgin Islands Casino Control Commission and/or The Department of Justice Division of Gaming, provided that he or she certifies to you that I have an application pending before the U. S. Virgin Islands Casino Control Commission, or that I am presently a licensee, registrant or person required to be qualified under the provisions of the applicable U. S. Virgin Islands Casino Control Commission's Regulations.

This Authorization shall supersede and countermand any prior request or authorization to the contrary.

A photostatic copy of this Authorization will be considered as effective and valid as the original.

Date: _____

(Signature of Applicant)

Date of Birth: _____

Social Security #: _____

SUBSCRIBED and sworn to before me this

_____ day of _____, 20____.

NOTARY PUBLIC

Commission Expiration Date


Seal