

#### PUEBLO OF LAGUNA TRIBAL GAMING REGULATORY AUTHORITY

P.O. Drawer 225 + Laguna, NM 87026

Phone: (505) 352-8240 | Fax: (505) 352-8241

## **Contractor Technician Renewal**

Failure to renew your gaming license less than 30 days before your expiration will result in a late fee being assessed in addition to the renewal fee

Last Name	First Name	Full Middle Na	me	
Other name changes legal or othe	Phone Num	ıber		
Physical Residence Address	City	State/Zip		
Mailing Address	City	State/Zip		
Date of Birth	Social	Security Number		
State Driver's License and Numbe	er			
Will you be logging in remotely?			Yes	No
Will you be coming on site to perform duties?			Yes	No
Have you resided in a different location within the last 12 months?			Yes	No
If 'Yes", please provide the following	3:			
Address	City	State/Zip		
Have you received a traffic violation	that resulted in a sentence of proba	tion, jail or prison? Yes	s No	
	l summons/fines, deferred judgment harged or release from probation or		on and your	documentation

I certify that all statements are true, complete and correct to the best of my knowledge and belief and are made in good faith. I am aware that the purpose of the investigation is to ensure compliance with the Tribal/State Compact(s) on gambling. I authorize and grant my consent to permit any Law Enforcement Agency and other person, business or agency deemed necessary, to release any information to any identified Tribal Gaming Regulatory Authority Employee.

Applicant Signature



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### CONTRACTOR TECHNICIAN

# **AFFIRMATION & CONSENT**

I state under penalty of perjury that the entire Gaming Employee License Application Form, statements, attachments, and supporting schedules are true and correct to the best of my knowledge and belief, and that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for the refusal to issue a gaming license by the Tribal Gaming Regulatory Authority. Further, I am aware that later discovery of an omission or misrepresentation made in the above statements may be grounds for the denial of gaming license or the revocation of the license. I am voluntarily submitting this application to the Tribal Gaming Regulatory Authority under oath with full knowledge that I may be charged with perjury or other crimes for the intentional omissions and misrepresentations pursuant to federal, tribal and other applicable law. I further consent to any background investigation necessary to determine my present and continuing suitability and this consent continues as long as I hold a Gaming License, and for 90 days following the expiration or surrender of such license. I also agree that the Tribal Gaming Regulatory Authority, its officers and designee, shall be entitled to collect from me all expenses incurred in recovery of any debt created by this license application, or in pursuing any other remedy provided by law, including but not limited to reasonable attorney fees and costs.

**Applicant Signature** 

Date



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# PUEBLO OF LAGUNA TRIBAL GAMING REGULATORY AUTHORITY LICENSING DEPARTMENT

#### FULL DISCLOSURE ASSURANCES

<u>Note</u>: If you cannot attest to, truthfully acknowledge, or do not fully understand the statements below you must notify a TGRA licensing investigator for assistance and clarification.

I acknowledge that:

I do not have any other criminal history required to be disclosed such as arrests or detainments, with any law enforcement agency (City, County, Tribal, State, or Federal) or court cases on record of deferred sentencing, dismissed, dropped or Nolle Prosequi in tribal courts or in <u>ANY</u> other Court of Jurisdiction other than what is listed on my gaming license application: \_\_\_\_\_\_Initials

I understand that the phrase "I did not remember "or "I just plain forgot" <u>will not be accepted as an excuse</u> for failing to reveal criminal history: \_\_\_\_\_\_ Initials

I understand that the burden of proving my suitability to hold any license is at all times mine alone. I will obtain and provide any required documents requested by the Pueblo of Laguna TGRA within the specified time allotted: \_\_\_\_\_\_ Initials

Applicant Signature

Print Name

**TGRA Representative Signature** 

Print Name

Date

Date