



SAN JOSE POLICE DEPARTMENT
Division of Gaming Control
210 North Fourth Street
Suite 202
San Jose, CA 95112



Division of Gaming Control Use Only

Permit Fees \$ _____ Fingerprint Fees \$ _____ Receipt # _____ Permit I.D. # _____

Paid by (amount) Cash _____ Check _____ Credit Card _____

Gaming Control Staff Personnel: _____ I.D. # _____ Date: _____

Position(s) approved: _____ Date: _____

Permanent I.D. Expiration Date: _____

Gaming Officer Approval: _____ I.D. # _____

CASE ID: _____

ATI: _____

Bay 101 Casino M8trix Name of Funding Source: _____

Original Renewal Lost Badge Name Change Position Change

Position(s) you are applying for or current position(s): _____

Personal Information:

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

Address: _____ Apt: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email Address: _____

Mailing Address: _____ Apt: _____ City: _____ State: _____ Zip: _____

Drivers License/ I.D. Card # _____ State: _____ Date of Birth: _____ SSN: _____

Male Female Hair: _____ Eyes: _____ Height: _____ Weight: _____



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1. Date your application was filed with the State of California for a Third Party Provider (TPP) License: _____
2. You currently have a TPP Registration TPP License
3. Your State of California TPP Registration/License number: _____
4. Date your State of California TPP Registration/License expires: _____
5. Is your State of California TPP Registration/License valid and in good standing? Yes No
 If no, please explain:

6. Do you know of any investigation or proceeding that might impact your State of California TPP Registration/License? Yes No
 If yes, please explain:

PLEASE READ CAREFULLY BEFORE SIGNING:

I have read, understood and personally completed this application, and I acknowledge that any misrepresentation of facts or failure to reveal information requested may be sufficient cause to deny, suspend or revoke a work permit pursuant to San Jose Municipal Code Section 16.40.070.

In addition, I am aware that any work permit I may be issued is the property of the San Jose Police Department / Division of Gaming Control and the City of San Jose. I understand that if my employment with the Funding Source is terminated, I am required to immediately surrender the work permit to the Division of Gaming Control, and that failure to do so could be grounds for prosecution by the San Jose Police Department / Division of Gaming Control and the City of San Jose.

By signing below, I certify under penalty of perjury under the laws of the State of California that the information contained in this application is true and correct.

Applicant Signature: _____ Date: _____

Executed at: _____, California.