

1 California Gambling Control Commission
2 SPECIFIC LANGUAGE OF PROPOSED REGULATIONS

3
4 CGCC-GCA-2014-0#-R

5
6 CALIFORNIA CODE OF REGULATIONS

7 TITLE 4. BUSINESS REGULATIONS.

8 DIVISION 18. CALIFORNIA GAMBLING CONTROL COMMISSION.

9 CHAPTER 7. CONDITIONS OF OPERATION FOR GAMBLING ESTABLISHMENTS.

10 ARTICLE 6. PROGRAM FOR RESPONSIBLE GAMBLING.

11 **§ 12460. Article Definitions.**

12 For purposes of this Article:

13 (a) “Self-Exclusion” means ~~an irrevocable~~ a voluntary agreement, that is irrevocable
14 during the request period, to be excluded from all gambling establishments and all games or
15 gaming activities or privileges and to be prohibited from collecting any winnings or recovering
16 any losses for a specified term. A ~~Self-Exclusion~~ list of self-excluded persons shall be
17 maintained by the Bureau and shall not be open to public inspection.

18 (b) “Self-Restriction” means an ~~irrevocable~~ voluntary agreement that is irrevocable
19 during the request period with a single gambling establishment for a specified term to:

20 (1) ~~Be C~~completely excluded ~~d~~ from ~~a the particular~~ gambling establishment and all games
21 or gaming activities or privileges and to be prohibited from collecting any winnings or
22 recovering any losses;_;

23 (2) ~~Be E~~excluded from the play of a particular game or gaming activity, if the gambling
24 establishment determines that such segregation of games is feasible;_;

25 (3) Restrict the amount of credit ~~and/or~~ check cashing available ~~that may occur at that~~
26 ~~particular gambling establishment;~~_; and/or_;

27 (4) ~~Be E~~excluded from ~~any all~~ marketing or promotional activities ~~of the particular~~
28 ~~gambling establishment.~~

29 Note: Authority cited: Sections 19811, 19840, 19841(o), and 19920, Business and Professions Code. Reference:
30 Section 19845, Business and Professions Code.

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1 **§ 12461. Posting Referral Information.**

2 (a) Each licensee, ~~by July 1, 2007,~~ shall post or provide, at patron gambling entrances or
3 exits, and in conspicuous places in or near gambling areas and any areas where cash or credit are
4 available to patrons, accessible written materials concerning the nature and symptoms of
5 problem gambling and the toll-free telephone number approved by the Office of Problem and
6 Pathological Gambling (or its successors) that provides information and referral services for
7 problem gamblers, currently “1-800-GAMBLER.”

8 (b) If ~~the licensee~~ a gambling enterprise, or an owner registered or licensed pursuant to
9 Chapters 2.1 or 2.2 operates, or has operated on their behalf, a web site for a business that
10 requires Commission approval~~the gambling establishment,~~ ~~by July 1, 2007,~~ that web site shall
11 contain a responsible gambling message and a link to the Office of Problem and Pathological
12 Gambling (or its successors) that provides information and referral services for problem
13 gamblers, currently “http://www.problemgambling.ca.gov.”

14 (c) If ~~the licensee~~ a gambling enterprise, or an owner registered or licensed pursuant to
15 Chapters 2.1 or 2.2 produces, or has produced on their behalf, any advertising material for a
16 business that requires Commission approval, ~~by July 1, 2007, such that~~ material shall contain a
17 responsible gambling message and shall refer to the telephone number listed in subsection (a)
18 above and ~~or the link to~~ the web site listed in subsection (b)₂ above.

19 (d) All responsible gambling messages, links to the Office of Problem and Pathological
20 Gambling (or its successors), and the telephone number provided in subsection (a) shall be as
21 prominently placed and in a font size equal to, at a minimum, any equivalent information that
22 refers to the gambling establishment location or phone number with the largest font size. The
23 text of the responsible gambling message shall be of a contrasting color to its background.

24 Note: Authority cited: Sections 19811, 19840, 19841(o) and 19920, Business and Professions Code. Reference:
25 Sections 19801 and 19920, Business and Professions Code; and Sections 4359.2 and 4369.4, Welfare and
26 Institutions Code.

27
28 **§ 12462. Training Requirements.**

29 (a) Each licensee shall ~~establish and~~ implement, ~~by July 1, 2007,~~ procedures to conduct
30 new employee orientations and annual training for all employees, excluding food and beverage
31 servers, who directly interact with gambling patrons in gambling areas.

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1 (b) New employee orientations and annual training shall be documented, including
2 signatures by the employee and the licensee or key employee who coordinated the training, the
3 date and length of the training, and the name of the trainer, as part of the licensee's application
4 for renewal. Copies of this documentation shall be kept in an employee's personnel file for a
5 minimum of five years.

6 (c) The training shall, at a minimum, consist of current information concerning the nature
7 and symptoms of problem gambling behavior, assisting patrons in obtaining information about
8 problem gambling programs, and information on the self-restriction and self-exclusion programs.

9 (d) Each licensee shall designate personnel responsible for maintaining the program and
10 addressing the types and frequency of such training and procedures.

11 (e) This section shall not be construed to require employees to identify problem gamblers.

12 Note: Authority cited: Sections 19811, 19840, 19841(o) and 19920, Business and Professions Code. Reference:
13 Sections 19801 and 19920, Business and Professions Code; and Sections 4369.2 and 4369.4, Welfare and
14 Institutions Code.

15
16 **§ 12463. Self-Restriction Program.**

17 (a) Licensees shall ~~establish and~~ implement, ~~by July 1, 2007,~~ a program that allows
18 patrons to self-limit their access to the gambling establishment entirely, or to the issuance of
19 credit, check cashing, or marketing by that licensee. That program shall contain, at a minimum,
20 the following:

21 (1) The development of written materials for dissemination to patrons explaining the
22 program;

23 (2) The development of written forms allowing patrons to participate in the program,
24 which may include use of a form entitled Self-Restriction Request, Form, CGCC-036 (Rev.
25 ~~07XX/134~~), attached in Appendix A to this chapter;

26 (3) Policies and procedures for maintaining and updating a list of self-restricted persons,
27 wherein the confidentiality of the list is protected pursuant to Section 12466 and only agents or
28 employees have access, unless needed by Bureau staff or law enforcement pursuant to an
29 investigation or in assisting in a Problem Gambling program by an entity approved by the
30 Commission;

31 (4) Policies and procedures that allow a patron to be excluded from certain games or

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1 gaming activities within the gambling establishment, if the licensee determines that the
2 segregation of games is feasible, or from the gambling establishment completely during the term
3 of exclusion, with the exception of access for the sole purpose of carrying out the duties of
4 employment, including:

5 (A) Removal procedures for patrons who attempt entry after requesting to be excluded,

6 (B) Notification to the Bureau of any incidents of removals where the police ~~and/or~~
7 security are called to remove a person from the premises, and

8 (C) Forfeiture of any money or prizes won or any losses recovered by an excluded person
9 and the remittance of such for deposit into the Gambling Addiction Program Fund for problem
10 gambling prevention and treatment services through the State Department of Public Health,
11 Office of Problem and Pathological Gambling;

12 (5) Policies and procedures that allow a patron to be excluded from access to check
13 cashing or the issuance of credit during the term of restriction;

14 (6) Policies and procedures that allow a patron to be excluded from customer lists
15 maintained by the licensee for direct mail marketing, telephone marketing, and other direct
16 marketing regarding gaming opportunities or promotions at the gambling establishment during
17 the term of restriction;

18 (7) Policies and procedures for removal of a patron from check-cashing, credit, or
19 marketing opportunities by the licensee.

20 (b) This section does not mandate that a licensee provide the services of a notary public
21 for persons who wish to complete the Self-Restriction [Request](#) form.

22 Note: Authority cited: Sections 19811, 19840, 19841(o) and 19920, Business and Professions Code. Reference:
23 Sections 19801, 19920 and 19954, Business and Professions Code; and Section 4369.4, Welfare and Institutions
24 Code.

25
26 **§ 12464. Self-Exclusion Program.**

27 (a) Licensees shall ~~establish and~~ implement, ~~by July 1, 2007,~~ a program that allows
28 patrons to self-exclude themselves from gambling establishments using a form entitled Self-
29 Exclusion [Request](#), ~~F~~form, CGCC-037 (Rev. ~~07XX/134~~), attached in Appendix A to this chapter.
30 ~~Such~~ [That](#) program shall contain, at a minimum, the following:

31 (1) Policies and procedures for providing Self-Exclusion [Request](#) forms and for sending

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1 any completed Self-Exclusion [Request](#) forms to the Bureau;

2 (2) Policies and procedures for maintaining and updating a list of self-excluded persons,
3 wherein the confidentiality of the list is protected pursuant to Section 12466 and only agents or
4 employees have access, unless needed by ~~Bureau staff or~~ law enforcement pursuant to an
5 investigation or in assisting in a Problem Gambling program by an entity approved by the
6 Commission;

7 (3) Policies and procedures designed to thwart self-excluded patrons, as noticed by the
8 Bureau, from entering the gambling area during the term of exclusion, with the exception of
9 access for the sole purpose of carrying out the duties of employment, including removal
10 procedures for patrons who attempt entry after requesting to be excluded and notification to the
11 Bureau of any incidents of removals, ~~where the police and/or security are called to remove a~~
12 ~~person from the premises;~~

13 (4) [Policies and procedures for the verification of identity and checking the list of self-](#)
14 [excluded persons before cashing a check, extending credit and selling or redeeming chips, tokens](#)
15 [or any other item of a monetary value;](#)

16 (5) Policies and procedures for the forfeiture of any money or prizes won or any losses
17 recovered by an excluded person and the remittance of such for deposit into the Gambling
18 Addiction Program Fund for problem gambling prevention and treatment services through the
19 State Department of Public Health, Office of Problem and Pathological Gambling;

20 ~~(6)~~(5) Policies and procedures for removal of a patron from customer lists maintained by
21 the licensee for direct mail marketing, telephone marketing, and other direct marketing regarding
22 gaming opportunities or promotions at the gambling establishment;

23 ~~(7)~~(6) Policies and procedures for removal of a patron from check-cashing, credit, or
24 marketing opportunities by the licensee.

25 (b) This section does not mandate that a licensee provide the services of a notary public
26 for persons who wish to complete the Self-Exclusion [Request](#) form.

27 Note: Authority cited: Sections 19811, 19840, 19841(o) and 19920, Business and Professions Code. Reference:
28 Sections 19801, 19920 and 19954, Business and Professions Code; and Section 4369.4, Welfare and Institutions
29 Code.

30

31 [§ 12465. Removal from the List of Self-Excluded Persons.](#)

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1 (a) For any self-exclusion term, other than lifetime, that was requested prior to [the
2 effective date of this regulation amendment], the patron shall be removed from the list of self-
3 excluded persons upon the conclusion of the requested term.

4
5 **OPTION 1 – Lifetime allowed at first request and not permanent**

6 (b) For any lifetime self-exclusion term that was requested prior to [the effective date of
7 this regulation amendment], the patron shall be placed on the list of excluded persons pursuant to
8 subsection (d), with the effective date of the original exclusion request being on [the effective
9 date of this regulation amendment].

10 (c) For any self-exclusion term, other than lifetime, that was requested on or after [the
11 effective date of this regulation amendment], a request for removal from the list of self-excluded
12 persons must be submitted to the Bureau after the term has elapsed in order to be removed from
13 the list of self-excluded persons. A request for removal shall be submitted to the Bureau using
14 the form entitled Self-Exclusion Removal Request, form CGCC-0XX (New XX/14), attached in
15 Appendix A to this chapter. A patron shall not be removed from the list of self-excluded persons
16 unless a request is received, even if the requested self-exclusion term has elapsed.

17 (d) For any lifetime self-exclusion term requested on or after [the effective date of this
18 regulation amendment], a request for removal from the list of self-excluded persons may be
19 submitted to the Bureau at any time after five years from the effective date of the original
20 exclusion request in order to be removed from the list of self-excluded persons. A request for
21 removal shall be submitted using the form entitled Self-Exclusion Removal Request, form
22 CGCC-0XX referenced in subsection (c).

23 (e) For any self-exclusion term that was requested on or after [the effective date of this
24 regulation amendment], the Bureau shall remove the patron from the list of self-excluded
25 persons within five business days of receipt of the request. The Bureau shall send a notice to the
26 patron as confirmation of the removal from the self-exclusion list.

27
28 **OPTION 2 – Lifetime is not allowed at first request and is permanent**

29 (b) For any lifetime self-exclusion term requested prior to [the effective date of this
30 regulation amendment], the patron shall be placed on the list of excluded persons pursuant to

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1 subsection (c) as if a five year request had been made, with the effective date of the original
2 exclusion request being on [the effective date of this regulation amendment].

3 (c) For any self-exclusion term, other than lifetime, that was requested on or after [the
4 effective date of this regulation amendment], a request for removal from the list of self-excluded
5 persons must be submitted to the Bureau after the term has elapsed in order to be removed from
6 the list of self-excluded persons. A request for removal shall be submitted using the form
7 entitled Self-Exclusion Removal Request, form CGCC-0XX (New XX/14), attached in
8 Appendix A to this chapter. A patron will not be removed from the list of self-excluded persons
9 unless a request is received, even if the requested self-exclusion term has elapsed.

10 (d) For any self-exclusion term, other than lifetime, that was requested on or after [the
11 effective date of this regulation amendment], the Bureau shall remove the patron from the list of
12 self-excluded persons within five business days of receipt of the request. The Bureau shall send
13 a notice to the patron as confirmation of the removal from the self-exclusion list. A lifetime self-
14 exclusion is not eligible for removal from the list of self-excluded persons.

15
16 **OPTION 3 – Lifetime is not allowed at first request and is not permanent. California**
17 **Council on Problem Gambling Option**

18 (b) For any lifetime self-exclusion term that was requested prior to [the effective date of
19 this regulation amendment], the patron shall be placed on the list of excluded persons pursuant to
20 subsection (d), with the effective date of the original exclusion request being on [the effective
21 date of this regulation amendment].

22 (c) For any self-exclusion term, other than lifetime, that was requested on or after [the
23 effective date of this regulation amendment], a request for removal from the list of self-excluded
24 persons must be submitted to the Bureau after the term has elapsed in order to be removed from
25 the list of self-excluded persons. A request for removal shall be submitted using the form
26 entitled Self-Exclusion Removal Request, form CGCC-0XX (New XX/14), attached in
27 Appendix A to this chapter. A patron will not be removed from the list of self-excluded persons
28 unless a request is received, even if the requested self-exclusion term has elapsed.

29 (d) For any lifetime self-exclusion term requested on or after [the effective date of this
30 regulation amendment], a request for removal from the list of self-excluded persons may be

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1 submitted to the Bureau at any time after nine years from the effective date of the original
2 exclusion request in order to be removed from the list of self-excluded persons. A request for
3 removal shall be submitted using the form entitled Self-Exclusion Removal Request, form
4 CGCC-0XX referenced in subsection (c).

5 (e) For any self-exclusion term, other than lifetime, that was requested on or after [the
6 effective date of this regulation amendment], the Bureau shall remove the patron from the list of
7 self-excluded persons within five business days of receipt of the request. For a lifetime self-
8 exclusion term, the Bureau shall remove the patron from the list of self-excluded persons one
9 year after receiving a request pursuant to subsection (d). The Bureau shall send a notice to the
10 patron as confirmation of the removal from the self-exclusion list.

11
12 **OPTION 4 – Mental health professional verification required for release.** *Bureau Option*
13 *This option would fit in with any of the other options and adds additional requirements to the*
14 *Self-Exclusion Removal Request, form CGCC-0XX in addition to the expiration of the term:*

- 15 • *Affidavits from two licensed certified gambling addiction counselors recommending*
16 *release from exclusion.*
- 17 • *Proof of identity of the individual.*
- 18 • *At least eight therapy sessions with a licensed therapist trained by OPPG, including a*
19 *requirement that the dates, initials of the therapist and the therapist’s unique OPPG*
20 *number be included on the required form.*
- 21 • *A letter from the licensed therapist that includes; a list of the dates of completed sessions,*
22 *why the therapist believes the individual should be removed from the list, the therapists*
23 *OPPG number and the therapist’s location, phone number and original signature.*

24
25 (e)/(f) This section does not mandate that a gambling establishment provide the services
26 of a notary public for persons who wish to complete the Self-Exclusion Removal Request form.

27 Note: Authority cited: Sections 19811, 19840, 19841(o) and 19920, Business and Professions Code. Reference:
28 Sections 19801, 19920 and 19954, Business and Professions Code; and Section 4369.4, Welfare and Institutions
29 Code.

30 *Note: The period length of the lifetime option could be changed to another length. In*
31 *addition, the period length of the “cool down” periods (five days for non-lifetime and one year*
32 *for lifetime) could be changed to another length.*

33
34 **§ 12466. Responsible Gambling Program Review.**

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1 (a) The Executive Director, ~~or~~ Bureau staff, or Office of Problem and Pathological
2 Gambling staff may require that any licensee make available for review or submit any of the
3 elements of its program described in this Article, to the requesting party ~~Executive Director or~~
4 ~~Bureau staff~~ for review. If the Bureau ~~Commission~~ notes any deficiency in ~~makes an~~
5 ~~administrative determination that~~ the licensee's program ~~does not adequately address the~~
6 ~~standards as set forth in this article~~, then ~~the Executive Director may issue such a determination~~
7 notice may be issued to identify~~ing~~ the deficiencies and specify~~ing~~ a time certain within which
8 those deficiencies shall be cured. ~~Judicial review of the Executive Director's decision is subject~~
9 ~~to the limitation of Business and Professions Code section 19804.~~

10 (b) Failure by a licensee to establish the programs set forth in this article, or to cure a
11 deficiency identified pursuant to subsection (a), shall constitute a ground for disciplinary action
12 under Chapter 10 of this division ~~an unsuitable method of operation and is in violation of this~~
13 ~~section.~~

14 (c) Protecting the confidentiality of self-restriction or self-exclusion lists includes:

15 (1) Not willfully disseminating self-excluded or self-restricted patrons' names, photos, or
16 other personally identifying information to third parties or confirming to third parties whether or
17 not a patron is on a self-exclusion or self-restriction list.

18 (2) Not posting self-excluded or self-restricted patron photos or other personally
19 identifying information in areas where other patrons would readily notice the information.

20 (d) In addition to any other remedy under the Act, the Commission may assess a
21 monetary penalty not exceeding \$1,000 for each violation of this article.

22 (e) This article does not create any right or cause of action on behalf of an individual who
23 participates in self-restriction or self-exclusion under this article against the state of California,
24 the California Gambling Control Commission, the Bureau of Gambling Control, the Office of
25 Problem and Pathological Gambling, or any gambling establishment.

26 Note: Authority cited: Sections 19811, 19840, 19841(o) and 19920, Business and Professions Code. Reference:
27 Sections 19801 and 19920, Business and Professions Code; and Section 4369.4, Welfare and Institutions Code.

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APPENDIX A

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State of California
California Gambling Control Commission
 2399 Gateway Oaks Drive, Suite 220
 Sacramento, CA 95833-4231
 (916) 263-0700; Fax: (916) 263-0452
www.cgcc.ca.gov

SELF-RESTRICTION FORM

CGCC – 036 (Rev. 07/13)

Type or print (in ink) all information requested on this form.
 If additional space is needed, please note response on a separate sheet of paper and attach to the form.

SECTION 1: PERSONAL INFORMATION

Full Legal Name:

First	Middle (if applicable)	Last

Other Names (Former Names (such as Maiden names), Nicknames, or Aliases / A.K.A.'s):

Home Address:

Street	City	State	Zip Code

Mailing Address (if different than Home Address):

Street	City	State	Zip Code

Home Telephone Number:

() - - - - -

Business Number:

() - - - - -

Games most often played:

SECTION 2: RESTRICTION FOR _____ (Name of Cardroom or participating gambling facility)

TOTAL EXCLUSION: Initial Appropriate Term: One Year _____ Five Years _____ Lifetime _____

Please delete me from any MARKETING or PROMOTIONAL information:

Please exclude me from this GAME or GAMING ACTIVITY _____

Please restrict me from any CHECK-CASHING privileges: Or Limit as follows: _____

Please restrict me from any CREDIT: Or Limit as follows: _____

SECTION 3: PHOTO AND VISUAL DESCRIPTION

Gender: Male Female Date of Birth: / / Race/Ethnicity:

Height: Weight: Hair Color/Type: Eye Color:

Date of Photograph: / / CA Drivers License:

Distinguishing marks (such as visible scars or tattoos – describe mark & location):

Type of vehicle normally driven:

License Plate:

**AFFIX A RECENT
 PASSPORT QUALITY
 PHOTOGRAPH
 HERE SHOWING
 HEAD AND
 SHOULDERS OF
 PERSON TO BE
 EXCLUDED**

SECTION 4: DECLARATION

I understand English or have had an interpreter read and explain this form to me from _____ (Language)

I understand that the ultimate responsibility to limit my access to the Gambling Establishment or participating gambling facility or gaming services in the State of California remains mine alone.

I voluntarily seek to exclude or restrict myself as indicated in Section 2.

If I choose Total Exclusion:

I agree that I will not attempt to enter and/or use any of the services or privileges of a California Gambling Establishment or participating gambling facility during the period checked in Section 2.

I acknowledge and understand that should I attempt to enter a California Gambling Establishment or participating gambling facility or use the services of a Gambling Establishment or participating gambling facility during the Term of Exclusion, once identified, I shall be escorted from the Gambling Establishment or participating gambling facility and any winnings or prizes I may have accrued or losses recovered will be confiscated and remitted by the Gambling Establishment or participating gambling facility for deposit into the Gambling Addiction Program Fund for problem gambling prevention and treatment services through the State Department of Public Health, Office of Problem and Pathological Gambling.

This self-exclusion request is **irrevocable** during the time period checked in Section 2.

I understand that disclosure of certain information is necessary to effect my request for self-exclusion or restriction. Disclosure may also occur if needed for the conduct of an official investigation or if ordered by a court of competent jurisdiction.

I will not seek to hold the Gambling Establishment or participating gambling facility liable in any way should I enter a Gambling Establishment or participating gambling facility and/or use any of the services or privileges therein despite this exclusion/restriction request, and I agree to indemnify the State of California, the California Gambling Control Commission, the Bureau of Gambling Control and the Office of Problem Gambling for any liability relating to this request. Specifically, I for myself, my heirs, executors, administrators, successors, and assigns, hereby release and forever discharge the California Gambling Control Commission, the Bureau of Gambling Control, the Office of Problem Gambling, the Gambling Establishment, participating gambling facility, their agents, employees, officers, and Directors and those with whom they may lawfully share information regarding this exclusion or restriction (collectively, the "Released Parties") from any and all claims in law or equity that I now have, or may have in the future, against all or any of all of the Released Parties arising out of, or by reason of, the performance or non-performance of this self-exclusion/restriction request, or any matter relating thereto. I further agree, in consideration for the Released Parties' efforts to implement my exclusion or restriction, to indemnify and hold harmless the Released Parties to fullest extent permitted by law for any and all liabilities, judgments, damages, and expenses of any kind, including reasonable attorneys' fees, resulting from or in connection with the performance or non-performance of the self-exclusion/restriction requested herein.

I declare that all information submitted on or with this self-restriction form is true, correct, and complete.

Signature: _____

Print Name: _____ Date: _____ / ____ / ____

SECTION 5: NOTARIZATION

Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20____,

By _____, personally known to me OR proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Notary Public Seal:

Signature _____ My Commission expires on: _____ / ____ / ____

OR

WITNESS BY KEY EMPLOYEE

As a Key Employee of _____, I affirm that on _____ day of _____, 20____,

I witnessed _____ (individual's name),

complete this form and that this person is:

personally known to me OR proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Signature of Key Employee _____

Printed Name _____



State of California
California Gambling Control Commission
 2399 Gateway Oaks Drive, Suite 220
 Sacramento, CA 95833-4231
 (916) 263-0700; Fax: (916) 263-0452
www.cgcc.ca.gov

SELF-EXCLUSION FORM CGCC – 037 (Rev. 7/13)

Type or print (in ink) all information requested on this form.
 If additional space is needed, please note response on a separate sheet of paper and attach to this completed form.
 You may hand this completed form in to any Cardroom or participating gambling facility, to the Bureau of Gambling Control, or the California Gambling Control Commission, or you may mail this completed form to: **BUREAU OF GAMBLING CONTROL, Post Office Box 168024, Sacramento, CA 95816-8024.**

SECTION 1: PERSONAL INFORMATION

Full Legal Name:

First	Middle (if applicable)	Last

Other Names (Former Name (such as Maiden name), Nickname, or Alias / A.K.A.):

Home Address:

Street (No P.O. Box)	City	State	Zip Code

Mailing Address (if different than Home Address):

Street or P.O. Box	City	State	Zip Code

Home Telephone Number:

Business Number:

Games most often played:

SECTION 2: TERM OF EXCLUSION (Irrevocable during the time period specified)

Please Initial Appropriate Term: One Year _____ Five Years _____ Lifetime _____

SECTION 3: PHOTO, PHYSICAL DESCRIPTION, AND OTHER IDENTIFYING INFORMATION

Gender: Male Female Date of Birth: / / Race/Ethnicity:

Height: Weight: Hair Color/Type: Eye Color:

Date of Photograph: / / CA Drivers License:

Distinguishing marks (such as visible scars or tattoos – describe mark & location):

AFFIX A RECENT
 PASSPORT QUALITY
 PHOTOGRAPH
 HERE SHOWING
 HEAD AND
 SHOULDERS OF
 PERSON TO BE
 EXCLUDED

Type of vehicle normally driven: License Plate:

SECTION 4: DECLARATION

I understand English or have had an interpreter read and explain this form to me in _____ (Language)

(Initial) I voluntarily seek to exclude myself as specified in Section 2 of this form.

(Initial) I agree that I will not attempt to enter and/or use any of the services or privileges of a California gambling establishment or participating gambling facility during the period specified in Section 2.

(Initial) I acknowledge and understand that should I attempt to enter a California gambling establishment or participating gambling facility or use the services of a gambling establishment or participating gambling facility during the term of exclusion, once identified, I shall be escorted from the gambling establishment or participating gambling facility and any winnings or prizes I may have accrued or losses recovered will be confiscated and remitted by the gambling establishment or participating gambling facility for deposit into the Gambling Addiction Program Fund for problem gambling prevention and treatment services through the State Department of Public Health, Office of Problem and Pathological Gambling.

(Initial) I understand that the ultimate responsibility to limit my access to the gambling establishment or participating gambling facility or gaming services in the State of California remains mine alone.

(Initial) This self-exclusion request is **irrevocable** during the time period checked in Section 2.

(Initial) I understand that disclosure of certain information is necessary to effect my request for self-exclusion.

(Initial) I understand that my information will be added to a statewide exclusion database. Disclosure may also occur if needed for the conduct of an official investigation or if ordered by a court of competent jurisdiction.

I will not seek to hold the gambling establishment or participating gambling facility liable in any way should I enter a gambling establishment or participating gambling facility and/or use any of the services or privileges therein despite this exclusion request, and I agree to indemnify the State of California, the California Gambling Control Commission, the Bureau of Gambling Control, and the Office of Problem Gambling for any liability relating to this request. Specifically, I for myself, my heirs, executors, administrators, successors, and assigns, hereby release and forever discharge the California Gambling Control Commission, the Bureau of Gambling Control, the Office of Problem Gambling, the Gambling Establishment or participating gambling facility, their agents, employees, officers, and Directors and those with whom they may lawfully share information regarding this exclusion (collectively, the "Released Parties") from any and all claims in law or equity that I now have, or may have in the future, against all or any of all of the Released Parties arising out of, or by reason of, the performance or non-performance of this self-exclusion request, or any matter relating thereto. I further agree, in consideration for the Released Parties' efforts to implement my exclusion, to indemnify and hold harmless the Released Parties to fullest extent permitted by law for any and all liabilities, judgments, damages, and expenses of any kind, including reasonable attorneys' fees, resulting from or in connection with the performance or non-performance of the self-exclusion requested herein.

I declare that all information submitted on or with this self-exclusion form is true, correct, and complete.

Signature: _____

Print Name: _____ Date: _____

SECTION 5: NOTARIZATION

Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20_____,

By _____,

personally known to me OR proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Notary Public Seal:

Signature of Notary Public _____

My Commission expires on:

OR

WITNESS BY KEY EMPLOYEE

As a Key Employee of _____, I affirm that on _____ (name of establishment or participating facility)

_____ day of _____, 20_____,

I witnessed _____ (individual's name)

complete this form and that this person is:

personally known to me OR proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Signature of Key Employee _____

Printed Name _____



State of California
California Gambling Control Commission
 2399 Gateway Oaks Drive, Suite 220
 Sacramento, CA 95833-4231
 (916) 263-0700; Fax: (916) 263-0452
 www.cgcc.ca.gov

SELF-RESTRICTION REQUEST

CGCC – 036 (Rev. XX/14)

Disclaimer: This request only pertains to the submitted gambling establishment and does not apply statewide.

Type or print (in ink) all information requested on this form.
 If additional space is needed, please note response on a separate sheet of paper and attach to the form.

SECTION 1: PERSONAL INFORMATION

Full Legal Name:

First	Middle (if applicable)	Last

Other Names [Former Names (such as Maiden names), Nicknames, or Aliases / A.K.A.'s]:

Home Address:

Street	City	State	Zip Code

Mailing Address (if different than Home Address):

Street	City	State	Zip Code

Home Telephone Number:

()

Business Number:

()

Email Address:

Games most often played:

SECTION 2: RESTRICTION FOR _____ (Name of cardroom or participating gambling facility)

INITIAL **REQUESTED** TERM: One Year _____ Five Years _____ Lifetime _____

- Exclude me** from any MARKETING or PROMOTIONAL information
- Exclude me** from this GAME or GAMING ACTIVITY: _____
- Exclude me** from any CHECK-CASHING privileges; or Limit as follows: _____
- Exclude me** from any CREDIT; or Limit as follows: _____
- TOTAL EXCLUSION (exclude me from all of the above)**

SECTION 3: PHOTO AND VISUAL DESCRIPTION

Gender: Male Female Date of Birth: _____ / _____ / _____ Race/Ethnicity: _____

Height: _____ Weight: _____ Hair Color/Type: _____ Eye Color: _____

Date of Photograph: _____ / _____ / _____ CA Drivers License: _____

Distinguishing marks (such as visible scars or tattoos – describe mark & location):

**AFFIX A RECENT
 PASSPORT QUALITY
 PHOTOGRAPH
 HERE SHOWING
 HEAD AND
 SHOULDERS OF
 PERSON TO BE
 EXCLUDED**

Type of vehicle normally driven:

License Plate **Number**:

SECTION 4: DECLARATION

I understand English or have had an interpreter read and explain this form to me in _____
(Language)

I understand that the ultimate responsibility to limit my access to the Gambling Establishment or participating gambling facility or gaming services in the State of California remains mine alone.

I voluntarily seek to exclude or restrict myself as indicated in Section 2.

I understand that disclosure of certain information is necessary to effect my request for self-exclusion or restriction. Disclosure may also occur if needed for the conduct of an official investigation or if ordered by a court of competent jurisdiction.

I will not seek to hold the Gambling Establishment or participating gambling facility liable in any way should I enter the Gambling Establishment or participating gambling facility or use any of the services or privileges therein despite this exclusion/restriction request, and I agree to indemnify the State of California, the California Gambling Control Commission, the Bureau of Gambling Control and the Office of Problem and Pathological Gambling for any liability relating to this request. Specifically, I for myself, my heirs, executors, administrators, successors, and assigns, hereby release and forever discharge the California Gambling Control Commission, the Bureau of Gambling Control, the Office of Problem and Pathological Gambling, the Gambling Establishment, participating gambling facility, their agents, employees, officers, and Directors and those with whom they may lawfully share information regarding this exclusion or restriction (collectively, the "Released Parties") from any and all claims in law or equity that I now have, or may have in the future, against all or any of the Released Parties arising out of, or by reason of, the performance or non-performance of this self-exclusion/restriction request, or any matter relating thereto. I further agree, in consideration for the Released Parties' efforts to implement my exclusion or restriction, to indemnify and hold harmless the Released Parties to fullest extent permitted by law for any and all liabilities, judgments, damages, and expenses of any kind, including reasonable attorneys' fees, resulting from or in connection with the performance or non-performance of the self-exclusion/restriction requested herein.

If I choose Total Exclusion:

(Initial here) I agree that I will not attempt to enter or use any of the services or privileges of the indicated Gambling Establishment or participating gambling facility during the period checked in Section 2.

(Initial here) I acknowledge and understand that should I attempt to enter the indicated Gambling Establishment or participating gambling facility or use the services of the Gambling Establishment or participating gambling facility during the Term of Exclusion, once identified, I shall be escorted from the Gambling Establishment or participating gambling facility.

(Initial here) I agree that any winnings or prizes I may have accrued or losses recovered will be confiscated and remitted by the Gambling Establishment or participating gambling facility for deposit into the Gambling Addiction Program Fund for problem gambling prevention and treatment services through the State Department of Public Health, Office of Problem and Pathological Gambling.

(Initial here) This self-exclusion request is **irrevocable** during the time period checked in Section 2.

I declare that all information submitted on or with this self-restriction form is true, correct, and complete.

Signature: _____

Print Name: Date:

SECTION 5: NOTARIZATION

Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20_____,

By _____
 personally known to me OR proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Notary Public Seal:

Signature of Notary Public _____
My Commission expires on:

OR

WITNESS BY KEY EMPLOYEE

As a Key Employee of _____, I affirm that on _____ day of _____, 20_____,

I witnessed _____
(individual's name)

complete this form and that this person is:

personally known to me OR proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Signature of Key Employee _____
Printed Name _____

OPTION 1



State of California
California Gambling Control Commission
 2399 Gateway Oaks Drive, Suite 220
 Sacramento, CA 95833-4231
 (916) 263-0700; Fax: (916) 263-0452
 www.cgcc.ca.gov

SELF-EXCLUSION REQUEST

CGCC – 037 (Rev. XX/14)

Disclaimer: This request applies to all gambling establishments licensed by the California Gambling Control Commission.

Type or print (in ink) all information requested on this form.
 If additional space is needed, please note response on a separate sheet of paper and attach to the form.
 You may hand this completed form in to any cardroom or participating gambling facility, to the Bureau of Gambling Control, or the California Gambling Control Commission, or you may mail this completed form to: **BUREAU OF GAMBLING CONTROL, Post Office Box 168024, Sacramento, CA 95816-8024.**

SECTION 1: PERSONAL INFORMATION

Full Legal Name:

First	Middle (if applicable)	Last

Other Names [Former Name (such as Maiden name), Nickname, or Alias / A.K.A.]:

Home Address:

Street (No P.O. Box)	City	State	Zip Code

Mailing Address (if different than Home Address):

Street or P.O. Box	City	State	Zip Code

Home Telephone Number:

()

Business Number:

()

Email Address:

Games most often played:

SECTION 2: TERM OF EXCLUSION

Please Initial **Requested** Term: One Year _____ Five Years _____ Lifetime _____

SECTION 3: PHOTO, PHYSICAL DESCRIPTION, AND OTHER IDENTIFYING INFORMATION

Gender: Male Female Date of Birth: / / Race/Ethnicity:

Height: Weight: Hair Color/Type: Eye Color:

Date of Photograph: / / CA Drivers License:

Distinguishing marks (such as visible scars or tattoos – describe mark & location):

Type of vehicle normally driven: License Plate **Number:**

**AFFIX A RECENT
 PASSPORT QUALITY
 PHOTOGRAPH
 HERE SHOWING
 HEAD AND
 SHOULDERS OF
 PERSON TO BE
 EXCLUDED**

SECTION 4: DECLARATION

I understand English or have had an interpreter read and explain this form to me in _____ (Language)

(Initial here) I voluntarily seek to exclude myself as specified in Section 2 of this form.

(Initial here) I agree that I will not attempt to enter or use any of the services or privileges of a California gambling establishment or participating gambling facility during the period specified in Section 2.

(Initial here) I acknowledge and understand that should I attempt to enter any Gambling Establishment or participating gambling facility or use the services of any Gambling Establishment or participating gambling facility during the Term of Exclusion, once identified, I shall be escorted from the Gambling Establishment or participating gambling facility.

(Initial here) I agree that any winnings or prizes I may have accrued or losses recovered will be confiscated and remitted by the Gambling Establishment or participating gambling facility for deposit into the Gambling Addiction Program Fund for problem gambling prevention and treatment services through the State Department of Public Health, Office of Problem and Pathological Gambling.

(Initial here) I understand that the ultimate responsibility to limit my access to the gambling establishment or participating gambling facility or gaming services in the State of California remains mine alone.

(Initial here) I understand that disclosure of certain information is necessary to effect my request for self-exclusion.

(Initial here) I understand that my information will be added to a statewide exclusion database. Disclosure may also occur if needed for the conduct of an official investigation or if ordered by a court of competent jurisdiction.

I will not seek to hold the gambling establishment or participating gambling facility liable in any way should I enter a gambling establishment or participating gambling facility or use any of the services or privileges therein despite this exclusion request, and I agree to indemnify the State of California, the California Gambling Control Commission, the Bureau of Gambling Control, and the Office of Problem and Pathological Gambling for any liability relating to this request. Specifically, I for myself, my heirs, executors, administrators, successors, and assigns, hereby release and forever discharge the California Gambling Control Commission, the Bureau of Gambling Control, the Office of Problem and Pathological Gambling, the Gambling Establishment or participating gambling facility, their agents, employees, officers, and Directors and those with whom they may lawfully share information regarding this exclusion (collectively, the "Released Parties") from any and all claims in law or equity that I now have, or may have in the future, against all or any of the Released Parties arising out of, or by reason of, the performance or non-performance of this self-exclusion request, or any matter relating thereto. I further agree, in consideration for the Released Parties' efforts to implement my exclusion, to indemnify and hold harmless the Released Parties to fullest extent permitted by law for any and all liabilities, judgments, damages, and expenses of any kind, including reasonable attorneys' fees, resulting from or in connection with the performance or non-performance of the self-exclusion requested herein.

I declare that all information submitted on or with this self-exclusion form is true, correct, and complete.

(Initial here) This self-exclusion request is **irrevocable** during the time period checked in Section 2 and any removal will require the submission of a Self-Exclusion Removal Request, form CGCC-0XX (New. XX/14).

Signature: _____

Print Name: _____ Date: _____ / /

SECTION 5: NOTARIZATION

Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20____,

By _____
 personally known to me OR proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Notary Public Seal:

Signature of Notary Public _____
My Commission expires on: _____ / /

OR

WITNESS BY KEY EMPLOYEE

As a Key Employee of _____, I affirm that on _____ (name of Establishment or participating facility) _____ day of _____, 20____,

I witnessed _____ (individual's name),

complete this form and that this person is:

personally known to me OR proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Signature of Key Employee _____
Printed Name _____



State of California
 2399 Gateway Oaks Drive, Suite 220
 Sacramento, CA 95833-4231
 (916) 263-0700; Fax: (916) 263-0452
 www.cgcc.ca.gov

Self-Exclusion Removal Request

CGCC – 0XX (New XX/14)

Type or print (in ink) all information requested on this form.
 If additional space is needed, please note response on a separate sheet of paper and attach to this completed form.
 You may mail this completed form to: **BUREAU OF GAMBLING CONTROL, Post Office Box 168024, Sacramento, CA 95816-8024.**

SECTION 1: PERSONAL INFORMATION

Full Legal Name:

First	Middle (if applicable)	Last

Home Address:

Street (No P.O. Box)	City	State	Zip Code

Mailing Address (if different than Home Address):

Street or P.O. Box	City	State	Zip Code

Home Telephone Number:

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Business Number:

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Email Address:

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SECTION 2: TERM OF EXCLUSION CURRENTLY ELAPSED

Please Indicate Applicable Term: One Year _____ Five Years _____ Lifetime _____

Effective date of exclusion: _____

SECTION 3: DECLARATION

I understand English or have had an interpreter read and explain this form to me in _____
(Language)

(Initial here) I voluntarily seek to remove myself from the list of self-excluded persons.

I understand that a gambling establishment is not required to allow me re-admittance for the purpose of gambling, at their sole discretion.

(Initial here) I understand that my removal from the list of self-excluded persons will not be effective until I have received an acknowledgement from the Department of Justice, Bureau of Gambling Control.

(Initial here) I agree to indemnify the State of California, the California Gambling Control Commission, the Bureau of Gambling Control, the Office of Problem and Pathological Gambling and any gambling establishment for any liability relating to this request. Specifically, I for myself, my heirs, executors, administrators, successors, and assigns, hereby release and forever discharge the California Gambling Control Commission, the Bureau of Gambling Control, the Office of Problem and Pathological Gambling, the Gambling Establishment or participating gambling facility, their agents, employees, officers, and Directors from any and all claims in law or equity that I now have, or may have in the future, against all or any of the Released Parties arising out of, or by reason of, the actions (or gambling losses) that may occur upon my return to a gambling establishment.

I declare that all information submitted on or with this self-exclusion removal request form is true, correct, and complete.

Signature: _____

Print Name:

Date:

	/		/	
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SECTION 4: NOTARIZATION

Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20____,

By _____,
 personally known to me OR proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Notary Public Seal:

Signature of Notary Public _____

My Commission expires on:

	/		/	
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OPTION 2



State of California
California Gambling Control Commission
 2399 Gateway Oaks Drive, Suite 220
 Sacramento, CA 95833-4231
 (916) 263-0700; Fax: (916) 263-0452
 www.cgcc.ca.gov

SELF-EXCLUSION REQUEST

CGCC – 037 (Rev. XX/14)

Disclaimer: This request applies to all gambling establishments licensed by the California Gambling Control Commission.

Type or print (in ink) all information requested on this form.
 If additional space is needed, please note response on a separate sheet of paper and attach to the form.
 You may hand this completed form in to any cardroom or participating gambling facility, to the Bureau of Gambling Control, or the California Gambling Control Commission, or you may mail this completed form to: **BUREAU OF GAMBLING CONTROL, Post Office Box 168024, Sacramento, CA 95816-8024.**

SECTION 1: PERSONAL INFORMATION

Full Legal Name:

First	Middle (if applicable)	Last

Other Names [Former Name (such as Maiden name), Nickname, or Alias / A.K.A.]:

Home Address:

Street (No P.O. Box)	City	State	Zip Code

Mailing Address (if different than Home Address):

Street or P.O. Box	City	State	Zip Code

Home Telephone Number:

()

Business Number:

()

Email Address:

Games most often played:

SECTION 2: TERM OF EXCLUSION

Note: Lifetime may only be requested after completion of a previous non-lifetime term. An incorrect request for lifetime exclusion will be administratively changed to Five Years.

Please Initial **Requested** Term: One Year _____ Five Years _____ Lifetime _____

SECTION 3: PHOTO, PHYSICAL DESCRIPTION, AND OTHER IDENTIFYING INFORMATION

Gender: Male Female Date of Birth: / / Race/Ethnicity:

Height: Weight: Hair Color/Type: Eye Color:

Date of Photograph: / / CA Drivers License:

Distinguishing marks (such as visible scars or tattoos – describe mark & location):

Type of vehicle normally driven: License Plate **Number:**

**AFFIX A RECENT
 PASSPORT QUALITY
 PHOTOGRAPH
 HERE SHOWING
 HEAD AND
 SHOULDERS OF
 PERSON TO BE
 EXCLUDED**

SECTION 4: DECLARATION

I understand English or have had an interpreter read and explain this form to me in _____ (Language)

(Initial here) I voluntarily seek to exclude myself as specified in Section 2 of this form.

(Initial here) I agree that I will not attempt to enter or use any of the services or privileges of a California gambling establishment or participating gambling facility during the period specified in Section 2.

(Initial here) I acknowledge and understand that should I attempt to enter any Gambling Establishment or participating gambling facility or use the services of any Gambling Establishment or participating gambling facility during the Term of Exclusion, once identified, I shall be escorted from the Gambling Establishment or participating gambling facility.

(Initial here) I agree that any winnings or prizes I may have accrued or losses recovered will be confiscated and remitted by the Gambling Establishment or participating gambling facility for deposit into the Gambling Addiction Program Fund for problem gambling prevention and treatment services through the State Department of Public Health, Office of Problem and Pathological Gambling.

(Initial here) I understand that the ultimate responsibility to limit my access to the gambling establishment or participating gambling facility or gaming services in the State of California remains mine alone.

(Initial here) I understand that disclosure of certain information is necessary to effect my request for self-exclusion.

(Initial here) I understand that my information will be added to a statewide exclusion database. Disclosure may also occur if needed for the conduct of an official investigation or if ordered by a court of competent jurisdiction.

I will not seek to hold the gambling establishment or participating gambling facility liable in any way should I enter a gambling establishment or participating gambling facility or use any of the services or privileges therein despite this exclusion request, and I agree to indemnify the State of California, the California Gambling Control Commission, the Bureau of Gambling Control, and the Office of Problem and Pathological Gambling for any liability relating to this request. Specifically, I for myself, my heirs, executors, administrators, successors, and assigns, hereby release and forever discharge the California Gambling Control Commission, the Bureau of Gambling Control, the Office of Problem and Pathological Gambling, the Gambling Establishment or participating gambling facility, their agents, employees, officers, and Directors and those with whom they may lawfully share information regarding this exclusion (collectively, the "Released Parties") from any and all claims in law or equity that I now have, or may have in the future, against all or any of the Released Parties arising out of, or by reason of, the performance or non-performance of this self-exclusion request, or any matter relating thereto. I further agree, in consideration for the Released Parties' efforts to implement my exclusion, to indemnify and hold harmless the Released Parties to fullest extent permitted by law for any and all liabilities, judgments, damages, and expenses of any kind, including reasonable attorneys' fees, resulting from or in connection with the performance or non-performance of the self-exclusion requested herein.

I declare that all information submitted on or with this self-exclusion form is true, correct, and complete.

(Initial here) This self-exclusion request is irrevocable during the time period checked in Section 2 and any removal will require the submission of a Self-Exclusion Removal Request, form CGCC-0XX (New. XX/14).

Signature: _____

Print Name:

Date:

____ / ____ / ____

SECTION 5: NOTARIZATION

Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20____,

By _____
 personally known to me OR proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Notary Public Seal:

Signature of Notary Public _____
My Commission expires on: _____ / ____ / ____

OR

WITNESS BY KEY EMPLOYEE

As a Key Employee of _____, I affirm that on _____ (name of Establishment or participating facility) _____ day of _____, 20____,

I witnessed _____ (individual's name),

complete this form and that this person is:

personally known to me OR proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Signature of Key Employee _____

Printed Name _____



State of California
 2399 Gateway Oaks Drive, Suite 220
 Sacramento, CA 95833-4231
 (916) 263-0700; Fax: (916) 263-0452
 www.cgcc.ca.gov

Self-Exclusion Removal Request

CGCC – 0XX (New XX/14)

Type or print (in ink) all information requested on this form.
 If additional space is needed, please note response on a separate sheet of paper and attach to this completed form.
 You may mail this completed form to: **BUREAU OF GAMBLING CONTROL, Post Office Box 168024, Sacramento, CA 95816-8024.**

SECTION 1: PERSONAL INFORMATION

Full Legal Name:

First	Middle (if applicable)	Last

Home Address:

Street (No P.O. Box)	City	State	Zip Code

Mailing Address (if different than Home Address):

Street or P.O. Box	City	State	Zip Code

Home Telephone Number:

()
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Business Number:

()
---	--	---

Email Address:

--

SECTION 2: TERM OF EXCLUSION CURRENTLY ELAPSED

Please Indicate Applicable Term: One Year _____ Five Years _____

Effective date of exclusion: _____

SECTION 3: DECLARATION

I understand English or have had an interpreter read and explain this form to me in _____
(Language)

(Initial here) I voluntarily seek to remove myself from the list of self-excluded persons.

I understand that a gambling establishment is not required to allow me re-admittance for the purpose of gambling, at their sole discretion.

(Initial here) I understand that my removal from the list of self-excluded persons will not be effective until I have received an acknowledgement from the Department of Justice, Bureau of Gambling Control.

(Initial here) I agree to indemnify the State of California, the California Gambling Control Commission, the Bureau of Gambling Control, the Office of Problem and Pathological Gambling and any gambling establishment for any liability relating to this request. Specifically, I for myself, my heirs, executors, administrators, successors, and assigns, hereby release and forever discharge the California Gambling Control Commission, the Bureau of Gambling Control, the Office of Problem and Pathological Gambling, the Gambling Establishment or participating gambling facility, their agents, employees, officers, and Directors from any and all claims in law or equity that I now have, or may have in the future, against all or any of the Released Parties arising out of, or by reason of, the actions (or gambling losses) that may occur upon my return to a gambling establishment.

I declare that all information submitted on or with this self-exclusion removal request form is true, correct, and complete.

Signature: _____

Print Name:

Date:

/	/	/
---	---	---

SECTION 4: NOTARIZATION

Subscribed and sworn to (or affirmed) before me this

_____ day of _____, 20_____,

By _____,
 personally known to me OR proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Notary Public Seal:

Signature of Notary Public _____

My Commission expires on:

/	/	/
---	---	---

OPTION 3



State of California
California Gambling Control Commission
 2399 Gateway Oaks Drive, Suite 220
 Sacramento, CA 95833-4231
 (916) 263-0700; Fax: (916) 263-0452
 www.cgcc.ca.gov

SELF-EXCLUSION REQUEST

CGCC – 037 (Rev. XX/14)

Disclaimer: This request applies to all gambling establishments licensed by the California Gambling Control Commission.

Type or print (in ink) all information requested on this form.
 If additional space is needed, please note response on a separate sheet of paper and attach to the form.
 You may hand this completed form in to any cardroom or participating gambling facility, to the Bureau of Gambling Control, or the California Gambling Control Commission, or you may mail this completed form to: **BUREAU OF GAMBLING CONTROL, Post Office Box 168024, Sacramento, CA 95816-8024.**

SECTION 1: PERSONAL INFORMATION

Full Legal Name:

First	Middle (if applicable)	Last

Other Names [Former Name (such as Maiden name), Nickname, or Alias / A.K.A.]:

Home Address:

Street (No P.O. Box)	City	State	Zip Code

Mailing Address (if different than Home Address):

Street or P.O. Box	City	State	Zip Code

Home Telephone Number:

()

Business Number:

()

Email Address:

Games most often played:

SECTION 2: TERM OF EXCLUSION

Note: Lifetime may only be requested after completion of a previous non-lifetime term. An incorrect request for lifetime exclusion will be administratively changed to Five Years.

Please Initial **Requested** Term: One Year _____ Five Years _____ Lifetime _____

SECTION 3: PHOTO, PHYSICAL DESCRIPTION, AND OTHER IDENTIFYING INFORMATION

Gender: Male Female Date of Birth: / / Race/Ethnicity:

Height: Weight: Hair Color/Type: Eye Color:

Date of Photograph: / / CA Drivers License:

Distinguishing marks (such as visible scars or tattoos – describe mark & location):

Type of vehicle normally driven: License Plate Number:

**AFFIX A RECENT
 PASSPORT QUALITY
 PHOTOGRAPH
 HERE SHOWING
 HEAD AND
 SHOULDERS OF
 PERSON TO BE
 EXCLUDED**

SECTION 4: DECLARATION

I understand English or have had an interpreter read and explain this form to me in _____.
(Language)

(Initial here) I voluntarily seek to exclude myself as specified in Section 2 of this form.

(Initial here) I agree that I will not attempt to enter **or** use any of the services or privileges of a California gambling establishment or participating gambling facility during the period specified in Section 2.

(Initial here) I acknowledge and understand that should I attempt to enter **any** Gambling Establishment or participating gambling facility or use the services of **any** Gambling Establishment or participating gambling facility during the Term of Exclusion, once identified, I shall be escorted from the Gambling Establishment or participating gambling facility.

(Initial here) I agree that any winnings or prizes I may have accrued or losses recovered will be confiscated and remitted by the Gambling Establishment or participating gambling facility for deposit into the Gambling Addiction Program Fund for problem gambling prevention and treatment services through the State Department of Public Health, Office of Problem and Pathological Gambling.

(Initial here) I understand that the ultimate responsibility to limit my access to the gambling establishment or participating gambling facility or gaming services in the State of California remains mine alone.

(Initial here) I understand that disclosure of certain information is necessary to effect my request for self-exclusion. I understand that my information will be added to a statewide exclusion database. Disclosure may also occur if needed for the conduct of an official investigation or if ordered by a court of competent jurisdiction.

I will not seek to hold the gambling establishment or participating gambling facility liable in any way should I enter a gambling establishment or participating gambling facility **or** use any of the services or privileges therein despite this exclusion request, and I agree to indemnify the State of California, the California Gambling Control Commission, the Bureau of Gambling Control, and the Office of Problem **and Pathological** Gambling for any liability relating to this request. Specifically, I for myself, my heirs, executors, administrators, successors, and assigns, hereby release and forever discharge the California Gambling Control Commission, the Bureau of Gambling Control, the Office of Problem and **Pathological Gambling**, the Gambling Establishment or participating gambling facility, their agents, employees, officers, and Directors and those with whom they may lawfully share information regarding this exclusion (collectively, the "Released Parties") from any and all claims in law or equity that I now have, or may have in the future, against all or any of the Released Parties arising out of, or by reason of, the performance or non-performance of this self-exclusion request, or any matter relating thereto. I further agree, in consideration for the Released Parties' efforts to implement my exclusion, to indemnify and hold harmless the Released Parties to fullest extent permitted by law for any and all liabilities, judgments, damages, and expenses of any kind, including reasonable attorneys' fees, resulting from or in connection with the performance or non-performance of the self-exclusion requested herein.

I declare that all information submitted on or with this self-exclusion form is true, correct, and complete.

(Initial here) This self-exclusion request is **irrevocable** during the time period checked in Section **2** and any removal will require the submission of a Self-Exclusion Removal Request, form **CGCC-0XX** (New. **XX/14**).

Signature: _____

Print Name: _____ Date: _____
_____/_____/_____

SECTION 5: NOTARIZATION

Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20_____.

By _____,
 personally known to me OR proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Notary Public Seal:

Signature of Notary Public _____
My Commission expires on: _____/_____/_____

OR

WITNESS BY KEY EMPLOYEE

As a Key Employee of _____, I affirm that on _____ day of _____, 20_____.

I witnessed _____,
(individual's name)

complete this form and that this person is:

personally known to me OR proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Signature of Key Employee _____
Printed Name _____



State of California
 2399 Gateway Oaks Drive, Suite 220
 Sacramento, CA 95833-4231
 (916) 263-0700; Fax: (916) 263-0452
 www.cgcc.ca.gov

Self-Exclusion Removal Request

CGCC – 0XX (New XX/14)

Type or print (in ink) all information requested on this form.
 If additional space is needed, please note response on a separate sheet of paper and attach to this completed form.
 You may mail this completed form to: **BUREAU OF GAMBLING CONTROL, Post Office Box 168024, Sacramento, CA 95816-8024.**

SECTION 1: PERSONAL INFORMATION

Full Legal Name:

First	Middle (if applicable)	Last

Home Address:

Street (No P.O. Box)	City	State	Zip Code

Mailing Address (if different than Home Address):

Street or P.O. Box	City	State	Zip Code

Home Telephone Number:

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Business Number:

()
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Email Address:

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SECTION 2: TERM OF EXCLUSION CURRENTLY ELAPSED

Please Indicate Applicable Term: One Year _____ Five Years _____ Lifetime _____

Effective date of exclusion: _____

SECTION 3: DECLARATION

I understand English or have had an interpreter read and explain this form to me in _____
(Language)

(Initial here) I voluntarily seek to remove myself from the list of self-excluded persons.

I understand that a gambling establishment is not required to allow me re-admittance for the purpose of gambling, at their sole discretion.

(Initial here) I understand that my removal from the list of self-excluded persons will not be effective until I have received an acknowledgement from the Department of Justice, Bureau of Gambling Control.

(Initial here) I agree to indemnify the State of California, the California Gambling Control Commission, the Bureau of Gambling Control, the Office of Problem and Pathological Gambling and any gambling establishment for any liability relating to this request. Specifically, I for myself, my heirs, executors, administrators, successors, and assigns, hereby release and forever discharge the California Gambling Control Commission, the Bureau of Gambling Control, the Office of Problem and Pathological Gambling, the Gambling Establishment or participating gambling facility, their agents, employees, officers, and Directors from any and all claims in law or equity that I now have, or may have in the future, against all or any of the Released Parties arising out of, or by reason of, the actions (or gambling losses) that may occur upon my return to a gambling establishment.

I declare that all information submitted on or with this self-exclusion removal request form is true, correct, and complete.

Signature: _____

Print Name: _____

Date: _____ / _____ / _____

SECTION 4: NOTARIZATION

Subscribed and sworn to (or affirmed) before me this

_____ day of _____, 20_____,

By _____,
 personally known to me OR proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Notary Public Seal:

Signature of Notary Public _____

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