



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](http://www.cgcc.ca.gov)  
 CGCC—438 (Rev. 09/04)

**REQUEST FOR REPLACEMENT THIRD PARTY PROPOSITION PLAYER SERVICES BADGE**  
**(CGCC – 438) (Rev. 05/11)**

When requesting a replacement badge a registrant/licensee must complete and submit this form to the California Gambling Control Commission at 2399 Gateway Oaks Drive, Suite ~~400~~ 220, Sacramento, CA 95833-4231 accompanied by a \$25.00 check made payable to the California Gambling Control Commission.

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

**SECTION 1: APPLICANT INFORMATION**

Applicant's Full Legal Name:

|       |    |      |
|-------|----|------|
|       |    |      |
| First | MI | Last |

Mailing Address:

|  |
|--|
|  |
|--|

Applicant's Telephone Number:

|         |
|---------|
| (     ) |
|---------|

\*Social Security Number: (for identification purposes)

|  |
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|  |
|--|

TPPPS-Badge #:

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**SECTION 2: REGISTRATION/LICENSE**

1. Currently registered or licensed with the Commission: (Mark one)  Registered  Licensed

2. Category: (Mark one)  Owner  Player  Supervisor  Other Employee

3. Badge was: (Mark one)

Lost  Stolen  Damaged

Incorrect due to change of name:

Previous name: \_\_\_\_\_

New Name: \_\_\_\_\_

Before your name will be changed you must submit **one** of the following:

- Copy of marriage certificate.
- Copy of court document authorizing legal name change.
- Clear copy of driver's license **AND** social security card.

**SECTION 3: PRIMARY OWNER INFORMATION**

Primary Owner's Name:

|  |
|--|
|  |
|--|

I certify that this registrant/licensee has my authorization to request a replacement badge.

Designated Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 4: DECLARATION**

I declare under penalty of perjury under the laws of the State of California that I am the applicant, and that the foregoing information, and all information submitted with this form is true, correct, and complete.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Disclosure of your U.S. social security account number is mandatory. Section 30 of the Business and Professions Code, section 17520 of the Family Code, and Public Law 94-455 (42 USC § 405(c)(2)(C)) authorize collection of your social security account number. Your social security account number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for child or family support in accordance with section 17520 of the Family Law Code. If you fail to disclose your social security account number, your application will not be processed and you may be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.