



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

NOTICE OF CONTACT INFORMATION CHANGE

CGCC – 032 (Rev. 05/12)

To notify the Commission of a change in contact information (as required in CCR Title 4, Section 12004), complete this form and submit it to: **California Gambling Control Commission, 2399 Gateway Oaks Drive, Suite 220, Sacramento, CA 95833.** *This form should only be used to notify the Commission of a change in contact information. To notify the Commission of the relocation of a gambling establishment, please use form CGCC-050 (New 05/12)*

Type or print (in ink) all required information on this form.

SECTION 1- INFORMATION	
Name of License Holder:	License / Permit / Registration Number:
Type of License / Permit / Approval <div style="display: flex; flex-wrap: wrap;"> <div style="width: 25%;"><input type="checkbox"/> Owner Licensee (Gambling Enterprise)</div> <div style="width: 25%;"><input type="checkbox"/> Endorsed Licensee (Gambling Enterprise)</div> <div style="width: 25%;"><input type="checkbox"/> Key Employee</div> <div style="width: 25%;"><input type="checkbox"/> Work Permit</div> <div style="width: 25%;"><input type="checkbox"/> TPPPPS - Owner</div> <div style="width: 25%;"><input type="checkbox"/> TPPPPS - Supervisor</div> <div style="width: 25%;"><input type="checkbox"/> TPPPPS - Player</div> <div style="width: 25%;"><input type="checkbox"/> Gambling Business - Owner</div> <div style="width: 25%;"><input type="checkbox"/> Gambling Business - Supervisor</div> <div style="width: 25%;"><input type="checkbox"/> Gambling Business - Player</div> <div style="width: 25%;"><input type="checkbox"/> Manufacturer or Distributor</div> <div style="width: 25%;"><input type="checkbox"/> Designated Agent</div> <div style="width: 25%;"><input type="checkbox"/> Other: _____</div> </div>	
SECTION 2 – CHANGE OF CONTACT INFORMATION	
<i>Check each appropriate box and fill out all information as applicable.</i>	
<input type="checkbox"/> NEW Mailing Address:	
<input type="checkbox"/> NEW Phone Number:	<input type="checkbox"/> NEW FAX Number:
<input type="checkbox"/> NEW Email Address:	
SECTION 3 – DECLARATION	
<p><i>I declare under penalty of perjury under the laws of the State of California that the foregoing information, and all information submitted with this form is true, correct, and complete, and that I am authorized to submit this information to the Commission.</i></p> <p>Signature: _____ Date: _____</p> <p>Printed Name and Title: _____</p>	