CALIFORNIA GAMBLING CONTROL COMMISSION

SPECIFIC LANGUAGE OF PROPOSED REGULATIONS

Program for Responsible Gambling

CGCC-GCA-2015-01-R

TITLE 4. BUSINESS REGULATIONS.

DIVISION 18. CALIFORNIA GAMBLING CONTROL COMMISSION.

CHAPTER 7. CONDITIONS OF OPERATION FOR GAMBLING ESTABLISHMENTS.

ARTICLE 6. PROGRAM FOR RESPONSIBLE GAMBLING.

§ 12460. Article Definitions.

For purposes of this Article:

(a) “Self-Exclusion” means an **irrevocable** voluntary agreement to be excluded from **all** gambling establishments and all **controlled** games or gaming activities or privileges and to be prohibited from collecting any winnings or recovering any losses for a specified term. A Self-Exclusion list of **self-excluded persons** shall be maintained by the Bureau and shall not be open to public inspection.

(b) “Self-Restric**tion**” means an **irrevocable** voluntary agreement with a single gambling **enterprise that is irrevocable** for a specified term to:

(1) Be **Completely** **restricted** exclude from **the** a particular gambling establishment and all **controlled** games, or gaming activities or privileges and to be prohibited from collecting any winnings or recovering any losses;

(2) Be **Restricted** Exclude from the play of a particular **controlled** game or gaming activity, if the gambling **enterprise** determines that such segregation of games is feasible;

(3) Restrict the amount of credit **and/or** check cashing **available** that may occur at that **particular gambling establishment**, **and/or**

(4) Be **Restricted** Exclude from **all** any marketing or promotional activities **conducted by or on behalf** of the particular gambling establishment.

Note: Authority cited: Sections 19811, 19840, 19841(o), and 19920, Business and Professions Code. Reference: Section 19845, Business and Professions Code.
§ 12461. Posting Referral Information.

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

(b) Any website operated by or on behalf of any website for the gambling enterprise, TPPPS or gambling business, by July 1, 2007, that website shall contain a responsible gambling message and a link to the Office of Problem and Pathological Gambling (or its successors) that provides information and referral services for problem gamblers, currently “http://www.problemgambling.ca.gov.”

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OPTION 1

(c) Any advertising material produced by or on behalf of any advertising material gambling enterprise, TPPPS or gambling business, by July 1, 2007, such material shall contain a responsible gambling message and shall refer to the telephone number listed in subsection (a) above and/or the link to the website listed in subsection (b) above.

OPTION 2

(c) Any advertising material produced by or on behalf of any advertising material gambling enterprise, TPPPS or gambling business, by July 1, 2007, such material shall contain a responsible gambling message and shall refer to the telephone number listed in subsection (a) above and/or the link to the website listed in subsection (b), or both.

OPTION 3

(c) Advertising material produced by or on behalf of any advertising material gambling enterprise, TPPPS or gambling business, by July 1, 2007, such material shall contain a responsible gambling message and shall refer to the telephone number listed in subsection (a) above and/or the link to the website listed in subsection (b) above, or both. This provision applies to any advertisement that will be distributed by television, radio, outdoor

Additions shown in underline; deletions shown in strikeout.
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display, flyer, mail or digitally. This provision does not apply to:

(1) Any digital material that is intended to only provide a “pass through” link to a website that complies with subsection (b).

(2) Any promotional item in which size or space limitations do not allow the responsible gambling message to be legibly displayed, such as; pens, key chains, hats, drinking glasses, coffee mugs, etc.

§ 12462. Training Requirements.

(a) Each licensee shall have establish and implement, by July 1, 2007, procedures for providing to conduct new employee orientations and annual training concerning problem gambling for all employees, excluding food and beverage servers, who directly interact with gambling patrons in gambling areas. A licensee may develop an internal training program, may use a third-party training program, or may use a training program developed and provided by the Office of Problem and Pathological Gambling. At a minimum, orientations and training shall include the following employee groups:

(1) Any employee described in subsection (a), including but not limited to, food and beverage providers, with duties not related to the operation of a controlled game;

(2) Any employee described in subsection (a) with duties that include a function related to the operation of a controlled game; and,

(3) Any key employee described in subsection (a).

(b)(1) New employee orientations and annual training shall be documented, including signatures by the employee and the licensee or key employee who coordinated the training, the date and length of the training, and the name of the trainer, as part of the licensee's application for renewal. Copies of this documentation shall be kept in an employee’s personnel file for a minimum of five years, shall be completed with 60 days of the issuance of a license or work permit, or the employee’s start date, whichever is later.

(2) Annual training must be provided to each employee following the calendar year in which a new employee orientation was provided. Annual training may be completed in
segments provided that the entire requirement is met during each calendar year.

(3) Each licensee shall designate personnel responsible for maintaining the program, coordinating training, and documenting employee completion. The program shall be reviewed at least once a year to ensure that the information provided is current. Copies of employee completion documentation shall be kept on file for a minimum of five years and shall include the date of the training, the topics covered and signatures of the employee receiving the training and the employee responsible for coordinating training.

(c) The training programs for new employee orientation and annual training shall, at a minimum, consist of:

(1) Information concerning the nature and symptoms of problem gambling behavior;

(2) How to assisting patrons in obtaining information about problem gambling programs;

and

(3) Information on the self-restriction and self-exclusion programs;

(4) Information about any help and prevention services offered by the State Department of Public Health, Office of Problem and Pathological Gambling; and,

(5) Information about any problem gambling programs or services available in and around the location of the gambling establishment.

(d) Each licensee shall designate personnel responsible for maintaining the program and addressing the types and frequency of such training and procedures. (1) New employee orientations and annual training for the employee group identified in paragraph (1) of subsection (a) shall include, at a minimum, the information specified in paragraph (1) of subsection (c).

(2) New employee orientations and annual training for the employee group identified in paragraphs (2) of subsection (a) shall include, at a minimum, the information specified in paragraphs (1) and (2) of subsection (c).

(3) New employee orientations and annual training for the employee group identified in paragraph (3) of subsection (a) shall include, at a minimum, all of the information specified in subsection (c).

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

Note: Authority cited: Sections 19811, 19840, 19841(o) and 19920, Business and Professions Code. Reference: Sections 19801 and 19920, Business and Professions Code; and Sections 4369.2 and 4369.4, Welfare and Institutions Code.
§ 12463. Self-Restriciton Program.
(a) Licensees shall establish and implement, by July 1, 2007, a program that allows patrons to self-limit their access to the gambling establishment entirely, or to the issuance of credit, check cashing, or marketing by that licensee. That program shall contain, at a minimum, the following:
(1) The development of written materials for dissemination to patrons explaining the program;
(2) The development of written forms allowing patrons to participate in the program, which may include use of a form entitled Self-Restriciton Request Form, CGCC-036 (Rev. 07/02/135), attached in Appendix A to this chapter;
(3) Policies and procedures for maintaining and updating a list of self-restricted persons, wherein the confidentiality of the list is protected pursuant to Section 12466 and only agents or employees have access, unless needed by Bureau staff or law enforcement personnel pursuant to an investigation or in assisting in a Problem Gambling program by an entity approved by the Commission;
(4) Policies and procedures that allow a patron to be restricted excluded from certain controlled games or gaming activities within the gambling establishment, if the licensee determines that the segregation of games is feasible, or from the gambling establishment completely during the term of restriction exclusion, with the exception of access for the sole purpose of carrying out the duties of employment, including:
(A) Removal procedures for patrons who attempt entry after requesting to be restricted excluded;
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OPTION 4, PART A
(B) Notification to the Bureau of any incidents of removals where the police and/or security are called to remove a person from the premises;

OPTION 5, PART A
(B) Maintenance of records Notification to the Bureau of any incidents of removals where the police and/or security are called to remove a person from the premises, accessible by Bureau staff or law enforcement personnel pursuant to an investigation;
OPTION 6, PART A

(C) Forfeiture of any money or prizes won or any losses recovered by an excluded person and the remittance of the combined value such 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;

OPTION 7, PART A

(C) Forfeiture of any money or prizes won or any losses recovered by an excluded person and any chips in the person’s possession and the remittance of the combined value such 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;

Note: If either option 6 or 7 is selected, a corresponding and conforming revision will be required in the Self-Restiction Request form, CGCC – 036 and the Self-Exclusion Request form, CGCC – 037.

5) Policies and procedures that allow a patron to limit or completely restrict their being excluded from access to check cashing or the issuance of credit during the term of restriction; and,

6) Policies and procedures that allow a patron to limit or completely restrict themselves being excluded from customer lists maintained by the licensee for direct mail marketing, telephone marketing, and other direct marketing regarding gaming opportunities or promotions at the gambling establishment during the term of restriction;

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

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

Note: Authority cited: Sections 19811, 19840, 19841(o) and 19920, Business and Professions Code. Reference: Sections 19801, 19920 and 19954, Business and Professions Code; and Section 4369.4, Welfare and Institutions Code.
§ 12464. Self-Exclusion Program.

(a) Licensees shall establish and implement, by July 1, 2007, a program that allows patrons to self-exclude themselves from gambling establishments using a form entitled Self-Exclusion Request, Form CGCC-037 (Rev. 07/02/13), attached in Appendix A to this chapter. Such program shall contain, at a minimum, the following:

(1) Policies and procedures for providing Self-Exclusion Request forms and for sending any completed Self-Exclusion Request forms to the Bureau;

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

OPTION 4, PART B

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

OPTION 5, PART B

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

OPTION 8

(4) Policies and procedures for the verification of a patron’s identity and checking the list

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of self-excluded persons before cashing a check, extending credit and selling or redeeming chips, tokens or any other item of a monetary value;

OPTION 9

(4) Policies and procedures for the verification of a patron’s identity and checking the list of self-excluded persons before cashing a check, extending credit and selling or redeeming chips, tokens or any other item of a monetary value if the patron’s identity would otherwise be verified;

OPTION 10

(4) Policies and procedures for checking the list of self-excluded persons any time a patron’s identity is verified;

OPTION 11

(4) Policies and procedures for checking the list of self-excluded persons any time a patron’s identity is verified in conjunction with a controlled game or gaming activity;

OPTION 6, PART B

(5) Policies and procedures for the forfeiture of any money or prizes won or any losses recovered by an excluded person and the remittance of the combined value such 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;

OPTION 7, PART B

(5) Policies and procedures for the forfeiture of any money or prizes won or any losses recovered by an excluded person and any chips in the person’s possession, and the remittance of the combined value such 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;

Note: If either option 6 or 7 is selected, a corresponding and conforming revision will be required in the Self-Restriction Request form, CGCC – 036 and the Self-Exclusion Request form, CGCC – 037.
(6)(5) Policies and procedures for removal of a patron from customer lists maintained by the licensee for direct mail marketing, telephone marketing, and other direct marketing regarding gaming opportunities or promotions at the gambling establishment; and.

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

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

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

OPTION 12 – Lifetime is a minimum of 4 years with a 1-year cool down after removal request.

§ 12465. Removal from the List of Self-Excluded Persons.

(a) For any lifetime self-exclusion term, a request for removal from the list of self-excluded persons may be submitted to the Bureau at any time after four years from the effective date of the original self-exclusion request. A request for removal shall be submitted using the form Self-Exclusion Removal Request, CGCC-038 (New 02/15), attached in Appendix A to this chapter.

(b) For any self-exclusion term, other than lifetime, the excluded person shall be automatically removed from the list of self-excluded persons upon the conclusion of the requested term. For a lifetime self-exclusion term, the Bureau shall remove the excluded person from the list of self-excluded persons one year after receiving a request pursuant to subsection (a) unless the excluded person submits a withdrawal request using the form Withdrawal of Self-Exclusion Removal Request, CGCC-039 (New 02/15), attached in Appendix A to this chapter. Upon removal, the Bureau shall send a notice to the person as confirmation of the removal from the self-exclusion list.

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

OPTION 13 – No Defined Exclusion Periods.

§ 12465. Removal from the List of Self-Excluded Persons.
(a) To request removal from the list of self-excluded persons a request for removal shall be submitted using the form Self-Exclusion Removal Request, CGCC-038 (New 02/15), attached in Appendix A to this chapter.

(b) The Bureau shall remove the excluded person from the list of self-excluded persons one year after receiving a request pursuant to subsection (a) unless the excluded person submits a withdrawal request using the form Withdrawal of Self-Exclusion Removal Request, CGCC-039 (New 02/15), attached in Appendix A to this chapter. Upon removal, the Bureau shall send a notice to the person as confirmation of the removal from the self-exclusion list.

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

OPTION 14 – Repeal the Statewide Self-Exclusion Program.

This option would repeal the statewide Self-Exclusion Program. This would limit a patron’s ability to exclude him or herself to only being able to request inclusion in site-specific programs (Self-Restriction Programs). This option would include modifying the current Self-Restriction Program to provide a higher level of specificity, no fixed restriction time frames, or possibly including provisions for removal similar to either Option 12 or Option 13. This option would require other conforming changes in other sections.

12466. Responsible Gambling Program Review.

(a)(1) The Executive Director, or Bureau staff may require that any licensee make available for review or submit any of the elements of its program described in this article, to the Executive Director or Bureau staff for review. If the Bureau Commission makes an administrative determination that the licensee’s program does not adequately address the standards as set forth in this article, then the Executive Director the Bureau may issue such a determination notice identifying the deficiencies and specifying a time certain within which those deficiencies shall be cured. Judicial review of the Executive Director's decision is subject to the limitation of Business and Professions Code section 19804.

(2) Commission staff or Office of Problem and Pathological Gambling staff may request that any licensee make available or submit any of the elements of its program described in this article, to the requesting party, for review.

(b) Failure by a licensee to establish the programs set forth in this article, or to cure a deficiency identified pursuant to paragraph (1) of subsection (a), shall constitutes a ground for...
disciplinary action under Chapter 10 of this division an unsuitable method of operation and is in violation of this section.

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

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

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

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

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

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

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APPENDIX A
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 __________________________________________
SECTION 4: DECLARATION

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

______________________________

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

______________________________

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.

______________________________

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.

______________________________

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.

______________________________

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. 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 [ ] 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 afford that on

________________________day of ____________________________, 20__________,

I witnessed ____________________________, (individual’s name)

complete this form and that this person is:

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

Signature of Key Employee: ____________________________
Printed Name: _____________________________________
SELF-RESTRICTION REQUEST
CGCC – 036 (Rev. 02/15)

RESTRICTION FOR ________________________________________
(Name of cardroom or participating gambling facility)

Disclaimer: This request only pertains to the above 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:

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>First</td>
<td>Middle</td>
<td>Last</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

Home Telephone Number | Business Number | Email Address

Games most often played

Mailing Address (if different than Home Address):

| Street | City | State | Zip Code |

SECTION 2: RESTRICTION REQUEST

INITIAL REQUESTED TERM: One Year __________ Five Years __________ Lifetime __________

☐ Restrict me from any MARKETING or PROMOTIONAL information

☐ Restrict me from this GAME or GAMING ACTIVITY: ____________________________________________

☐ Restrict me from any CHECK-CASHING privileges; or Limit as follows: ____________________________________________

☐ Restrict me from any CREDIT; or Limit as follows: ____________________________________________

☐ TOTAL RESTRICTION (restrict me from all of the above)

SECTION 3: PHOTO AND VISUAL DESCRIPTION

Gender: Male ☐ Female ☐

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Race/Ethnicity</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date of Photograph</th>
<th>Height</th>
<th>Weight</th>
<th>Hair Color/Type</th>
<th>Eye Color</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>CA Drivers License</th>
<th>Type of vehicle normally driven</th>
<th>License Plate Number</th>
</tr>
</thead>
</table>

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
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 restrict myself as indicated in Section 2.

I understand that disclosure of certain information is necessary to effect my request for self-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 Enterprise 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 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 Enterprise, participating gambling facility, their agents, employees, officers, and Directors and those with whom they may lawfully share information regarding this 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-restriction request, or any matter relating thereto. I further agree, in consideration for the Released Parties’ efforts to implement my 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-restriction requested herein.

If I choose Total Restriction:

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.

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 Enterprise or participating gambling facility during the term of restriction, once identified, I shall be escorted from the Gambling Establishment or participating gambling facility.

I agree that any winnings or prizes I may have accrued [Option 7, Part A: and any chips in my possession] will be forfeited and remitted by the Gambling Enterprise 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-restriction 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 ____________________________

Date ____________________________

Print Name ____________________________

SECTION 5: NOTARIZATION OR WITNESS BY KEY EMPLOYEE

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 ____________________________

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 ____________________________

CGCC – 036 (Rev. 02/15)
OPTION 12
SELF-EXCLUSION REQUEST
CGCC – 037 (Rev. 02/15)

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 employee, to an employee of the Bureau of Gambling Control, 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:

<table>
<thead>
<tr>
<th>First</th>
<th>Middle</th>
<th>Last</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

Home Telephone Number

Business Number

Email Address

Games most often played

Mailing Address (if different than Home Address):

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

SECTION 2: TERM OF EXCLUSION

Please Initial Requested Term: One Year _________ Five Years _________ Lifetime _________

SECTION 3: PHOTO AND VISUAL DESCRIPTION

Gender: Male ☐ Female ☐

<table>
<thead>
<tr>
<th>Date of Photograph</th>
<th>Height</th>
<th>Weight</th>
<th>Hair Color/Type</th>
<th>Eye Color</th>
</tr>
</thead>
</table>

CA Drivers License

Type of vehicle normally driven

License Plate Number

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
SECTION 4: DECLARATION

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

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

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.

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

I agree that any winnings or prizes I may have accrued [Option 7, Part B: and any chips in my possession] will be forfeited and remitted by the Gambling Enterprise 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.

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

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 understand that this self-exclusion request is irrevocable during the time period checked. Removal from a lifetime request will require the submission of a Self-Exclusion Removal Request, form CGCC-038 (New. 02/15).

I will not seek to hold the gambling enterprise 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 Enterprise 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.

Signature ____________________________ Date ________________
Print Name ____________________________

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 ____________________________
Self-Exclusion Removal Request  
CGCC – 038 (New 02/15)

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

<table>
<thead>
<tr>
<th>First</th>
<th>Middle</th>
<th>Last</th>
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</thead>
<tbody>
<tr>
<td></td>
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Other Names (Former Names, such as Maiden names, Nicknames, or Aliases / A.K.A’s.):

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Home Telephone Number  Business Number  Email Address

Mailing Address (if different than Home Address):

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<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

SECTION 2: EXCLUSION

Effective date of exclusion: __________________

SECTION 3: DECLARATION

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

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.

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.

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 enterprise 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 Enterprise 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  Date

Print Name
Withdrawal of Self-Exclusion Removal Request
CGCC – 039 (New 02/15)

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:

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</table>

SECTION 2: EXCLUSION

Effective date of exclusion: __________________

SECTION 3: DECLARATION

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

I voluntarily withdraw my previously submitted Self-Exclusion removal request.

I understand that my exclusion period will continue, and that in order to be removed another removal request must be submitted, and that the full required one-year period must be served.

I will not seek to hold the gambling enterprise 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 Enterprise 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 removal request form is true, correct, and complete.

Signature

| Date |

Print Name

(Initial here)
OPTION 13
# SELF-EXCLUSION REQUEST
CGCC – 037 (Rev. 02/15)

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 employee, to an employee of the Bureau of Gambling Control, or you may mail this completed form to:
BUREAU OF GAMBLING CONTROL, Post Office Box 168024, Sacramento, CA 95816-8024.

## SECTION 1: PERSONAL INFORMATION

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Home Telephone Number
Business Number
Email Address

Games most often played

Mailing Address (if different than Home Address):

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</thead>
</table>

## SECTION 2: PHOTO AND VISUAL DESCRIPTION

<table>
<thead>
<tr>
<th>Gender: Male ☐ Female ☐</th>
<th>Date of Birth</th>
<th>Race/Ethnicity</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date of Photograph</th>
<th>Height</th>
<th>Weight</th>
<th>Hair Color/Type</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>CA Drivers License</th>
<th>Type of vehicle normally driven</th>
<th>License Plate Number</th>
</tr>
</thead>
</table>

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
SECTION 3: DECLARATION

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

I voluntarily seek to exclude myself indefinitely from all California gambling establishments.

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.

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 while I remain on the list of self-excluded persons, once identified, I shall be escorted from the Gambling Establishment or participating gambling facility.

I agree that any winnings or prizes I may have accrued [Option 7, Part B: and any chips in my possession] will be forfeited and remitted by the Gambling Enterprise 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.

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

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 understand my request is indefinite until I request removal from Self-Exclusion with the submission of a Self-Exclusion Removal Request, form CGCC-038 (New. 02/15).

I will not seek to hold the gambling enterprise 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 Enterprise 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.

Signature ____________________________ Date ____________________________

Print Name ____________________________

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 ____________________________

OR

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 ____________________________