



REQUEST FOR REPLACEMENT KEY EMPLOYEE LICENSE

BGC-034 (Rev. 10/17)

Pursuant to Business and Professions Code section 19854, every key employee shall apply for and obtain a key employee license. A request for a replacement key employee license shall be made to the Bureau of Gambling Control (Bureau) when a key employee license has been lost, stolen, damaged, or as needed to reflect a change of name. Upon submitting the information below, the Bureau will issue a replacement key employee license.

Instructions: Type or print legibly, in ink, all information requested on this application. Applications not fully and accurately completed will be returned.

Send the completed application to: Bureau of Gambling Control, P.O. Box 168024, Sacramento, CA 95816-8024, and attach the following:

- ✓ Non-refundable application fee of \$25.00
- ✓ 2 X 2 inch color passport-style photograph taken no more than 30 days prior to the date of this request.

SECTION 1 – LICENSEE INFORMATION		
Licensee's Last Name	First Name	Middle Initial
Residence Address	License Number	
Mailing Address (If different than above)		
SECTION 2 – REPLACEMENT INFORMATION		
I hereby request a replacement license because:		
<input type="checkbox"/> My license was lost, stolen, or destroyed.		
<input type="checkbox"/> I did not receive my license in the mail.		
<input type="checkbox"/> My name has changed.		
In order to process your request due to a name change you must include a copy of one of the following documents with this form that reflects your change of name:		
<input type="checkbox"/> Marriage Certificate	<input type="checkbox"/> Final Dissolution Decree	
<input type="checkbox"/> Certified Court Order	<input type="checkbox"/> Notarized Statement Attesting to the Fact of the Name Change	
<input type="checkbox"/> Naturalization Certificate	<input type="checkbox"/> Other (explain): _____	
<input type="checkbox"/> Other (explain): _____		
SECTION 3 – DECLARATION / SIGNATURE		
<i>I declare under penalty of perjury under the laws of the State of California that I have personally completed this form and know that the contents thereof, and the information contained herein, including all corrections, changes and other alterations, is true, accurate, and complete.</i>		
Signature of Licensee	Date	