

Badge Replacement Request

CGCC-CH2-01 (New 05/20)
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BUREAU USE ONLY
BGC ID# _____



MAIL COMPLETED FORM AND FEE TO:
BUREAU OF GAMBLING CONTROL
 P.O. Box 168024
 Sacramento, CA 95816-8024
 (916) 830-1700

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY BEFORE YOU COMPLETE THIS FORM

All information must be typed or printed legibly in blue or black ink. If the space available is insufficient, attach a separate sheet of paper and precede each answer with the applicable section and question number. Any corrections, changes, or other alterations must be initialed and dated by the applicant. **A replacement badge fee of \$25 is required for all license types.**

SECTION 1: PERSONAL INFORMATION

FULL NAME: LAST	FIRST	MIDDLE
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SECTION 2: REPLACEMENT INFORMATION

A) TYPE OF APPROVAL Provide one of the following:	LICENSE NUMBER
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<input type="checkbox"/> Cardroom Endorsee License (natural person only)	<input type="checkbox"/> Key Employee License	<input type="checkbox"/> Commission Work Permit
<input type="checkbox"/> TPPPS Endorsee License (natural person only)	<input type="checkbox"/> TPPPS Supervisor License	<input type="checkbox"/> TPPPS Worker License

B) PURPOSE OF REQUEST

BADGE WAS:

LOST STOLEN DAMAGED

CHANGE OF NAME:

FORMER NAME: _____

NEW NAME: _____

INCLUDE ONE OF THE FOLLOWING:

- COPY OF MARRIAGE CERTIFICATE
- COPY OF COURT DOCUMENT AUTHORIZING LEGAL NAME CHANGE
- CLEAR COPY OF DRIVER'S LICENSE

SECTION 3: DECLARATION

I declare under penalty of perjury under the laws of the State of California that the information in this form is true, accurate, and complete, and that this declaration is executed by me at _____.

	City and State	
PRINTED NAME	SIGNATURE	DATE (MM/DD/YYYY)

This form must be signed by the badge recipient.