



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

SELF-EXCLUSION REQUEST

CGCC – 037 (Rev. 07/17)

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.

Please submit this completed form to any cardroom or participating gambling facility employee, to an employee of the Bureau of Gambling Control, or mail to:

BUREAU OF GAMBLING CONTROL, Post Office Box 168024, Sacramento, CA 95816-8024.

SECTION 1: PERSONAL INFORMATION

Full Legal Name:

First	Middle	Last
Other Names (Former Names, such as Maiden names, Nicknames, or Aliases / A.K.A's.):		
Street	City	State Zip Code
Home Telephone Number	Business Number	Email Address
Games most often played		

Mailing Address (if different than Home Address):

Street	City	State	Zip Code
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SECTION 2: TERM OF EXCLUSION

Please Initial Requested Term: One Year _____ Lifetime _____

SECTION 3: PHOTO AND VISUAL DESCRIPTION

Gender: Male Female

	Date of Birth	Race/Ethnicity
Date of Photograph	Height	Weight
	Hair Color/Type	Eye Color
AFFIX A RECENT PASSPORT QUALITY PHOTOGRAPH HERE SHOWING HEAD AND SHOULDERS OF PERSON TO BE EXCLUDED	CA Driver's License	Type of vehicle normally driven
	License Plate Number	
Distinguishing marks (such as visible scars or tattoos – describe mark & location)		

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 unredeemed jackpots or prizes I may have accrued 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 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 (Rev. 07/17).

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 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 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 the 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 _____ (name of Establishment or participating facility) _____ 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 _____

PRIVACY NOTICE

THE INFORMATION PRACTICES ACT OF 1977 (CIVIL CODE SECTION 1798.17) AND THE FEDERAL PRIVACY ACT (PUBLIC LAW 93-579) REQUIRE THAT THIS NOTICE BE PROVIDED WHEN COLLECTING PERSONAL INFORMATION FROM INDIVIDUALS. INFORMATION REQUESTED ON THIS FORM IS REQUIRED BY THE STATE OF CALIFORNIA, CALIFORNIA GAMBLING CONTROL COMMISSION AND THE DEPARTMENT OF JUSTICE, DIVISION OF LAW ENFORCEMENT, BUREAU OF GAMBLING CONTROL (BUREAU), PURSUANT TO BUSINESS AND PROFESSIONS CODE SECTIONS 19865 AND 19866. THE BUREAU USES THIS INFORMATION TO DETERMINE AN APPLICANT'S SUITABILITY. FAILURE TO PROVIDE MANDATORY INFORMATION MAY RESULT IN THE ABANDONMENT OR DENIAL OF YOUR APPLICATION. PERSONAL INFORMATION SHOULD ONLY BE PROVIDED IN THE SPACES INDICATED. THE BUREAU IS RESPONSIBLE FOR MAINTENANCE OF THE COMPLETED FORM. IN ADDITION, ANY PERSONAL INFORMATION COLLECTED BY STATE AGENCIES IS SUBJECT TO THE LIMITATIONS IN THE INFORMATION PRACTICES ACT AND STATE POLICY. THE INFORMATION YOU PROVIDE MAY ALSO BE DISCLOSED IN THE FOLLOWING CIRCUMSTANCES: 1) TO ANOTHER GOVERNMENT AGENCY AS REQUIRED BY STATE OR FEDERAL LAW; OR, 2) IN RESPONSE TO A COURT OR ADMINISTRATIVE ORDER, A SUBPOENA, OR A SEARCH WARRANT. PURSUANT TO BUSINESS AND PROFESSIONS CODE SECTION 19821, SUBDIVISION (C), THIS FORM IS EXEMPT FROM THE CALIFORNIA PUBLIC RECORDS ACT.

THE DEPARTMENT OF JUSTICE'S GENERAL POLICY IS AVAILABLE AT: <http://oag.ca.gov/privacy-policy>. YOU MAY REVIEW THE RECORDS MAINTAINED BY THE BUREAU THAT CONTAIN YOUR PERSONAL INFORMATION, AS PERMITTED BY THE INFORMATION PRACTICES ACT. FOR QUESTIONS REGARDING THIS NOTICE OR ACCESS TO YOUR RECORDS, YOU MAY CONTACT THE BUREAU AT (916) 830-1700.