



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

## Request for Statewide Involuntary Exclusion of an Individual CGCC – 12362 (Rev. 05/11)

Type or print (in ink) as much information as possible on this form. If additional space is needed, please note response on a separate sheet of paper and attach to the form. **NOTE: THIS IS NOT A VOLUNTARY SELF-RESTRICTION OR SELF-EXCLUSION FORM.**

Mail this completed form to: **California Gambling Control Commission, 2399 Gateway Oaks Drive, Suite 220, Sacramento CA 95833.**

### 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: 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 or other ID

AFFIX A RECENT  
 PASSPORT QUALITY  
 PHOTOGRAPH  
 HERE SHOWING  
 HEAD AND SHOULDERS OF  
 PERSON TO BE EXCLUDED

Distinguishing marks (such as visible scars or tattoos – describe mark & location):

Type of vehicle normally driven:  License Plate:

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**SECTION 3: AFFIRMATION BY KEY EMPLOYEE OR OWNER OR BY GOVERNMENT EMPLOYEE**

NOTE: This form is not for voluntary self-restriction or self-exclusions. This form is not to be completed by patrons.

The facts and reasons why the individual should be excluded are as follows:

The information provided above is true and accurate to the best of my knowledge and **the individual described above should be excluded because he or she poses a threat** to the public, gambling enterprise employees, or the gambling industry.

Signature: \_\_\_\_\_ Date: 

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Print Name, Title, and Gambling Establishment or Facility Name or Governmental Entity:  

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