

Notification of Employment Change

CGCC-CH2-02 (New 05/20)

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BUREAU USE ONLY
BGC ID# _____



MAIL COMPLETED FORM 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.

SECTION 1: PERSONAL INFORMATION		
FULL NAME: LAST	FIRST	MIDDLE

SECTION 2: STATUS INFORMATION	
A) LICENSE:	LICENSE NUMBER
<input type="checkbox"/> Key Employee License <input type="checkbox"/> Commission Work Permit <input type="checkbox"/> TPPPS Supervisor License <input type="checkbox"/> TPPPS Worker License	
B) EMPLOYMENT CHANGE INFORMATION	
1) PLEASE MARK THE APPROPRIATE BOX BELOW REGARDING YOUR CURRENT EMPLOYMENT STATUS:	
<input type="checkbox"/> I AM NOT WORKING IN A POSITION THAT REQUIRES THE INDICATED LICENSE OR COMMISSION WORK PERMIT.	
PLEASE PROVIDE AN EXPLANATION:	

AS I AM NO LONGER WORKING IN A POSITION THAT REQUIRES THE INDICATED LICENSE OR COMMISSION WORK PERMIT, I AM NO LONGER INTERESTED IN PURSUING THE APPLICATION AND I WISH TO WITHDRAWAL MY APPLICATION PURSUANT TO TITLE 4, CCR, SECTION 12015.	<input type="checkbox"/> YES <input type="checkbox"/> No
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<input type="checkbox"/> I AM NO LONGER EMPLOYED WITH: _____ ; and, as of: _____ <small>Name of Owner Category Licensee</small> <small>Date</small>
HAVE ACCEPTED EMPLOYMENT WITH: _____ <small>Name of Owner Category Licensee</small>
<input type="checkbox"/> I AM CURRENTLY EMPLOYED WITH: _____ ; and, as of: _____ <small>Name of Owner Category Licensee</small> <small>Date</small>
HAVE ALSO ACCEPTED EMPLOYMENT WITH: _____ <small>Name of Owner Category Licensee</small>

DESCRIPTION OF DUTIES AT NEW PLACE OF EMPLOYMENT:

2) PLEASE MARK THE APPROPRIATE BOX BELOW REGARDING YOUR PRIOR EMPLOYMENT STATUS:

MY EMPLOYMENT WITH: _____ ended on: _____
Name of Owner Category Licensee Date

I AM NOT WORKING IN A POSITION THAT REQUIRES THE INDICATED LICENSE OR COMMISSION WORK PERMIT SINCE LAST SUBMITTING A NOTIFICATION.

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 employee providing notification.