

Duplicate / Additional Badge Application

Applicant Last Name		First Name		Middle Initial
Mailing Address			City	State ZIP
Local Address			City	State ZIP
Social Security Number	Date of Birth	Email		Phone ()
Type of License			Additional Job Category (\$10 fee)	

Background Information Have there been any changes from original application?
 Yes No (If yes, please answer the following questions.)

- Yes No
- A. Within the last **ten** years, have you been charged with a crime?
- B. Within the last **ten** years, have you been convicted, entered a plea of guilty or no contest, forfeited bail, or been fined for any criminal offense, either felony, misdemeanor, petty offense, or local ordinance? (except **minor** traffic violations).
- C. Within the last **ten** years, have you had any other Colorado licenses (including Driver's License) denied, revoked or suspended?
- D. Are you delinquent in the payment of any taxes, interest, penalties or judgments owed to the State of Colorado? If yes, please provide explanation.
- E. Within the last **ten** years, have you been placed under or on court supervision, probation or parole?
- F. Are you delinquent in payments for child support? If yes, please provide explanation.

If you answered "Yes" to any of the above questions, provide the following information. Use additional paper if necessary.

Date	County	State	Nature of Charge/Crime/Offense	Final Result

Racing History/Infractions Have there been any changes from original application?
 Yes No (If yes, please answer the following questions.)

- Yes No
- A. Have you ever been convicted of any gambling related offense?
- B. Has your racing or gaming license ever been denied or revoked?
- C. Have you been placed under suspension for more than 7 days, or are you currently under suspension or the subject of any alleged rule violation in this or any other racing or gaming jurisdiction?
- D. Have you ever been ruled off, suspended, or discharged for cause, or denied the privileges of a racetrack or gaming facility, by any commission or board?

If you answered "Yes" to any of the above questions, provide the following information. Use additional paper if necessary.

Date	State	Suspension, Denial, Revocation, Etc.	Restored to Good Standing
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Signature of Licensee			Date
Supervisor Signature			Date

For Office Use Only

License Number	PSR Number	Expiration Date	Track	Rep
Cash \$ _____ <input type="checkbox"/> Check # _____ \$ _____ <input type="checkbox"/> Money Order # _____ \$ _____				