



**COLORADO**  
Department of Revenue  
Specialized Business Group—Gaming

## **Colorado Gaming and Sports Betting Support License Application**

**COLORADO DIVISION OF GAMING**

**1707 Cole Blvd., Suite 300, Lakewood, CO 80401**

(303) 205-1300 / (303) 205-1342 (fax)

**142 Lawrence St. / P.O. Box 721, Central City, CO 80427**

(303) 582-0529 / (303) 582-0535 (fax)

**350 W. Carr Ave. / P.O. Box 1209, Cripple Creek, CO 80813**

(719) 689-3362 / (719) 689-3366 (fax)

|                               |            |             |
|-------------------------------|------------|-------------|
| Applicant's Printed Last Name | First Name | Middle Name |
|-------------------------------|------------|-------------|

**NOTICE:** The Support License Application Form is an official document. If you provide false information on your gaming license application and/or do not disclose all information the application asks for, your license is subject to denial or revocation, and you may be subject to criminal prosecution. The Division of Gaming will conduct a complete background investigation and will check all sources of information. You are advised that it is better to disclose all information than face denial, revocation or criminal prosecution.

*If you need clarification of any of the following questions, please contact the Investigations Section at any of the three Division of Gaming offices in Lakewood, Central City or Cripple Creek.*

|                                                                                                                                                                                                                                                                                                                                                              |                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 1. Have you ever been convicted of any gambling-related felony at any time?                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Have you ever been convicted of any felony involving theft by deception (including, but not limited to, embezzlement and other thefts using fraud, trickery, scams, con games, illegal schemes, etc.) at any time?                                                                                                                                        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have you ever been convicted of any felony involving fraud or misrepresentation (including, but not limited to, bad checks, fraud, forgery, perjury, tax or welfare fraud, and crimes involving false documentation) at any time?                                                                                                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Have you served a sentence, including probation or parole, within the past 10 years upon conviction for any felony, even if the conviction occurred more than 10 years ago?                                                                                                                                                                               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Have you served a sentence, including probation or parole, within the past 10 years upon conviction of any misdemeanor gambling-related offense, even if the conviction occurred more than 10 years ago?                                                                                                                                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Have you served a sentence, including probation or parole, within the past 10 years upon conviction of any misdemeanor theft by deception offense (including, but not limited to, embezzlement and other thefts using fraud, trickery, scams, con games, illegal schemes, etc.), even if the conviction occurred more than 10 years ago?                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Have you served a sentence, including probation or parole, within the past 10 years upon conviction of any misdemeanor involving fraud or misrepresentation (including, but not limited to, bad checks, fraud, forgery, perjury, tax or welfare fraud, and crimes involving false documentation), even if the conviction occurred more than 10 years ago? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Are you currently being prosecuted or facing pending charges, in any jurisdiction, for any of the above offenses, or are you on a deferred prosecution or a deferred judgment and sentence for any of the above offenses?                                                                                                                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Have you ever been convicted of professional gambling as defined by Colorado law?                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Have you ever been identified as a career offender or a member of a career offender cartel?                                                                                                                                                                                                                                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Have you ever refused to cooperate with any legislative body or other official investigatory body involved in the investigation of crimes related to gaming, official corruption or organized crime?                                                                                                                                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. Are you under 18 years of age at the time of this application?                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13. Are you the spouse or child living in the household of any person employed by the Colorado Division of Gaming or the Limited Gaming Control Commission?                                                                                                                                                                                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 14. Are you an officer, reserve police officer, agent, or employee of any law enforcement agency of the state of Colorado with the authority to investigate or prosecute crime in Teller or Gilpin counties or of any law enforcement agency or detention or correctional facility within Teller or Gilpin counties?                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 15. Are you a district, county or municipal court judge whose jurisdiction includes all or part of Teller or Gilpin counties?                                                                                                                                                                                                                                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 16. Are you an elected municipal official or county commissioner of Teller or Gilpin counties or the cities of Central City, Black Hawk or Cripple Creek?                                                                                                                                                                                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 17. Are you a Central City, Black Hawk or Cripple Creek city manager or planning commission member?                                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |



**If you answered YES to any of the above questions, by Colorado law you cannot obtain or hold a Colorado gaming license. DO NOT CONTINUE WITH OR TURN IN THIS APPLICATION.**

I have thoroughly read and understand the questions above, and understand that I cannot hold a Colorado gaming license if at any time in the future I can ever answer "Yes" to any of the questions above.

|                        |      |
|------------------------|------|
| Signature of Applicant | Date |
|------------------------|------|

# COLORADO DIVISION OF GAMING

## Applying for Your Colorado Support Gaming License

### WHO NEEDS A SUPPORT LICENSE?

All Gaming and Sports Betting positions\*, including:

- Dealers
- Count Teams
- Cashiers
- Slot Techs
- Change Persons
- Security
- Accounting
- Drop Teams
- Proposition Players
- Ticket Writers
- Tellers
- IT Personnel
- Traders and Risk Management

\*If you are planning to be employed in a managerial capacity, you must apply for a Key Employee license. The Key & Associated Person License Application Form is available at any Division of Gaming office or on the Division website at [SBG.Colorado.gov/Gaming](http://SBG.Colorado.gov/Gaming).

**1**

### PICK UP YOUR APPLICATION

At Colorado Division of Gaming Offices:

**Lakewood**  
1707 Cole Blvd., Suite 300  
(303) 205-1300

**Central City**  
142 Lawrence St.  
(303) 582-0529

**Cripple Creek**  
350 W. Carr Ave.  
(719) 689-3362

or online at [SBG.Colorado.gov/Gaming](http://SBG.Colorado.gov/Gaming)

**2**

### FILL OUT YOUR APPLICATION

Complete all items on the following Application Checklist and provide all required items on the Checklist at the time of application.

**3**

### SUBMIT YOUR APPLICATION

Bring to any Division office for one-hour processing between 8 a.m. and 3 p.m. or

Mail to: Colorado Division of Gaming  
1707 Cole Blvd., Suite 300  
Lakewood, CO 80401

Make check or money order payable to: **Colorado Division of Gaming**

#### If Bringing In Your Application

If you bring your application in person to any Division office, you should receive temporary approval within approximately one hour, if no problems arise. If approved, you will also be issued your photo I.D. badge, allowing you to begin work in a casino. The Division is open for licensing by appointment only. You can find the link to make an appointment on our website at [SBG.Colorado.gov/Gaming](http://SBG.Colorado.gov/Gaming).

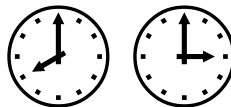
OR

#### If Mailing or E-Mailing Your Application

This application may be mailed to the Division's Lakewood office, or submitted via email to [dor\\_gaming\\_licensing@state.co.us](mailto:dor_gaming_licensing@state.co.us).

Emailed applications cannot be processed until payment is received. Please contact the Division to remit payment. A Notice of Approval letter should be mailed to you within 24 hours of its receipt, if no problems arise. After you receive the approval letter, bring it to any Division office to get your photo I.D. badge.

### License Processing Hours



**8 a.m. to 3 p.m.**

**Cripple Creek Office**  
Tuesday - Friday

**Lakewood Office**  
Monday - Friday

**Central City Office**  
Monday - Thursday

## COLORADO DIVISION OF GAMING

# Support License Application Checklist

*You Must be at least 18 Years of age to apply for a Support Gaming or Sports Betting license*

- |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <p><b>1. APPLICATION COMPLETED &amp; SIGNED</b><br/>                     Type or clearly print an answer to every question. If a question does not apply to you, indicate so with an N/A. If you are unsure if a question applies to you or what information the form is asking you to provide, contact any Division of Gaming office to seek clarification. If the available space is insufficient, continue on a separate sheet, using the front side only, and precede each answer with the appropriate title. Sign and date the application. <b>Notice:</b> You are required by state law to provide your social security number. If you do not have a social security number, you must complete a sworn statement (available at any Division of Gaming office) stating you do not have a social security number.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <input type="checkbox"/> | <p><b>2. ALL FORMS SIGNED &amp; ATTACHED</b><br/>                     The following accompanying forms must be signed and returned with the application:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Investigation Authorization/Authorization to Release Information</li> <li><input type="checkbox"/> Authorization for Disclosure for Colorado Department of Revenue</li> <li><input type="checkbox"/> Letter from the Director</li> <li><input type="checkbox"/> Statement of Understanding</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <input type="checkbox"/> | <p><b>3. PROOF OF IDENTITY</b><br/>                     Under Colorado law, you must provide one of the forms of identification listed on page 3 of the application. If applicable, you must also submit copies of any valid unexpired immigration paperwork issued by the United States.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <input type="checkbox"/> | <p><b>4. FINGERPRINT CARD &amp; VERIFICATION OF FINGERPRINTS</b><br/>                     You must be fingerprinted in order to obtain a Support license. There are three options for obtaining fingerprints:</p> <ol style="list-style-type: none"> <li>1. You can be fingerprinted at any Division of Gaming office for a fee of \$40.</li> <li>2. Colorado Applicant Background Services (CABS) vendor locations (CABS information can be found on the Division website or at any Gaming office). CABS locations include Colorado Fingerprinting and IndentoGO. Fingerprints taken at a CABS location will be transmitted electronically. Please include proof of fingerprinting, such as a receipt, when you submit your application. Fingerprints must be specifically completed for the Colorado Division of Gaming. Fingerprints completed for other agencies will not be received.</li> <li>3. Fingerprint services outside of Colorado or the United States may be obtained at an IndentoGO location. Ensure that 2 fingerprint cards are filled out completely and signed, bearing separately captured fingerprints. Also ensure the form "Verification of Fingerprints" is filled out and signed by the person performing the fingerprinting.</li> </ol> <p>** If you submit physical fingerprint cards you must include a \$40 processing fee. Fingerprint cards should only be submitted by applicants outside the state of Colorado or the United States.</p> |
| <input type="checkbox"/> | <p><b>5. \$75 APPLICATION FEE</b><br/>                     A \$75 NON-REFUNDABLE application fee is required. The application fee covers background costs and will not be refunded once the application is submitted regardless of licensing outcome, to include a denial, withdrawal, or surrender of the license. Check, credit card, or money order payments are accepted. Make check or money order payable to: COLORADO DIVISION OF GAMING.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <input type="checkbox"/> | <p><b>6. MAIL OR BRING IN APPLICATION</b><br/>                     Mail applications to: Colorado Division of Gaming, 1707 Cole Blvd., Suite 300, Lakewood, CO 80401.<br/>                     This application may also be submitted via email to <a href="mailto:dor_gaming_licensing@state.co.us">dor_gaming_licensing@state.co.us</a>. <u>Emailed applications cannot be processed until payment is received.</u> Please contact the Division to remit payment.<br/>                     The Division is open for licensing by appointment only. You can find the link to make an appointment on our website at <a href="http://SBG.Colorado.gov/Gaming">SBG.Colorado.gov/Gaming</a></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

Credit card use will be charged a processing fee by a third party vendor - users will be charged \$.75 per transaction plus 2.25% of the amount of the total amount of the fees paid. Payment by echeck will be charged a processing fee of \$1.00 per transaction by a third party vendor.

### License Processing Hours

**8 a.m. to 3 p.m.**

**Cripple Creek Office**  
 Tuesday - Friday

**Lakewood Office**  
 Monday - Friday

**Central City Office**  
 Monday - Thursday

**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**

|                       |
|-----------------------|
| Gaming License Number |
|-----------------------|

## Colorado Limited Gaming Control Commission Support License Application Form

|                                                                                                                                                                                                                 |                                                                      |                                                                                                                                                                                                                                                                                                       |                                                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| <b>License Fee (Non-Refundable) Please select one.</b>                                                                                                                                                          |                                                                      | <b>MAIL-IN ONLY, IF PAYING BY CREDIT CARD:</b>                                                                                                                                                                                                                                                        |                                                                                                                     |
| <input type="checkbox"/> Gaming Support Application                                                                                                                                                             | <input type="checkbox"/> Sports Betting Support Application          | Card Type <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover<br><input type="checkbox"/> American Express Expires _____                                                                                                                              |                                                                                                                     |
| <input type="checkbox"/> Fingerprinted by Div. of Gaming <b>OR</b> if submitting physical<br>Fingerprint cards ..... \$115<br>(Physical cards should only be submitted by applicants outside of CO or the U.S.) |                                                                      | Name on Card _____                                                                                                                                                                                                                                                                                    |                                                                                                                     |
| <input type="checkbox"/> Fingerprinted by Colorado Fingerprinting or IdentoGO (proof required)... \$75<br>(Electronically submitted fingerprints)                                                               |                                                                      | Card # _____ CVV # _____<br>Credit card use will be charged a processing fee by a third party vendor - users will be charged \$.75 per transaction plus 2.25% of the amount of the service fee. Payment by echeck will be charged a processing fee of \$1.00 per transaction by a third party vendor. |                                                                                                                     |
| Applicant's Printed Last Name                                                                                                                                                                                   |                                                                      | First Name                                                                                                                                                                                                                                                                                            |                                                                                                                     |
|                                                                                                                                                                                                                 |                                                                      | Middle Name                                                                                                                                                                                                                                                                                           |                                                                                                                     |
| Maiden/Married/Nicknames/Alias Names Used (Full Name) (Attach separate sheet if necessary)                                                                                                                      |                                                                      |                                                                                                                                                                                                                                                                                                       | E-Mail Address                                                                                                      |
| Sex                                                                                                                                                                                                             | Social Security Number                                               | Other Social Security Numbers Used<br><input type="checkbox"/> Yes <input type="checkbox"/> No *If "Yes," attach details                                                                                                                                                                              | Date of Birth                                                                                                       |
| Street Address                                                                                                                                                                                                  |                                                                      |                                                                                                                                                                                                                                                                                                       | Phone Number                                                                                                        |
| City                                                                                                                                                                                                            | State                                                                | ZIP                                                                                                                                                                                                                                                                                                   | County                                                                                                              |
| Length at This Address                                                                                                                                                                                          |                                                                      |                                                                                                                                                                                                                                                                                                       |                                                                                                                     |
| Mailing Address, if different from Street Address (City, County, State, ZIP)                                                                                                                                    |                                                                      |                                                                                                                                                                                                                                                                                                       |                                                                                                                     |
| Emergency Contact Person                                                                                                                                                                                        |                                                                      | Emergency Contact Relationship                                                                                                                                                                                                                                                                        |                                                                                                                     |
|                                                                                                                                                                                                                 |                                                                      | Emergency Contact Phone                                                                                                                                                                                                                                                                               |                                                                                                                     |
| Place of Birth (City, State, Country)                                                                                                                                                                           |                                                                      |                                                                                                                                                                                                                                                                                                       | ID Type/Number/State (i.e. DL #55-055-5555 CO)                                                                      |
| Physical Appearance ⇄                                                                                                                                                                                           | Height                                                               | Weight                                                                                                                                                                                                                                                                                                | Hair Color                                                                                                          |
|                                                                                                                                                                                                                 |                                                                      | Eye Color                                                                                                                                                                                                                                                                                             | Scars/Tattoos<br><input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes explain on a separate sheet</i> |
| U.S. Citizen<br><input type="checkbox"/> Yes <input type="checkbox"/> No*                                                                                                                                       | *If "No", attach details and indicate Alien Registration Number here |                                                                                                                                                                                                                                                                                                       |                                                                                                                     |
| List all addresses where you have lived during the last five years, not including present address. (Attach separate sheet if necessary)                                                                         |                                                                      |                                                                                                                                                                                                                                                                                                       |                                                                                                                     |
| <b>Street And Number</b>                                                                                                                                                                                        | <b>City/State/ZIP</b>                                                |                                                                                                                                                                                                                                                                                                       | <b>From</b>                                                                                                         |
|                                                                                                                                                                                                                 |                                                                      |                                                                                                                                                                                                                                                                                                       | <b>To</b>                                                                                                           |
|                                                                                                                                                                                                                 |                                                                      |                                                                                                                                                                                                                                                                                                       |                                                                                                                     |
|                                                                                                                                                                                                                 |                                                                      |                                                                                                                                                                                                                                                                                                       |                                                                                                                     |
|                                                                                                                                                                                                                 |                                                                      |                                                                                                                                                                                                                                                                                                       |                                                                                                                     |
| Person(s) you have filed a joint tax return with in past five years                                                                                                                                             |                                                                      |                                                                                                                                                                                                                                                                                                       |                                                                                                                     |
| Name of casino or licensed gaming business where you will be working                                                                                                                                            |                                                                      | Phone                                                                                                                                                                                                                                                                                                 | Job Title                                                                                                           |
| Name of present employer, if different from above                                                                                                                                                               |                                                                      | Phone                                                                                                                                                                                                                                                                                                 | Occupation or Job Title                                                                                             |
| Have you ever applied before for a gaming license in this or any other state, whether or not the license was ever issued?<br>*If "Yes", explain here:                                                           |                                                                      |                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                            |
| Have you ever had a gaming license denied, suspended or revoked in this or any other state?<br>*If "Yes", explain here:                                                                                         |                                                                      |                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                            |
| Applicant's Signature                                                                                                                                                                                           |                                                                      |                                                                                                                                                                                                                                                                                                       | Date                                                                                                                |

## Required Forms of Identification

You must submit one of the following forms of identification to obtain an individual gaming license in Colorado. If mailing in your application, before your license can be issued and before you can obtain your license ID badge, you must submit a photocopy of the identification form with the application and either (1) present yourself and the original document in person at one of the Gaming offices or (2) have your identification verified by law enforcement during fingerprinting, with the verification noted on the Verification of Fingerprints form included in this application. Walk-in applicants must have the original document(s) in their possession.

**Please check the one form of identification being Provided:**

- Valid Colorado Driver's License or ID Card
- U.S. Military Card or Military Dependent's Identification Card
- U.S. Coast Guard Merchant Mariner Card
- Native American Tribal Document
- Valid Driver's License or Identification Card bearing Applicant's photograph, issued by any of the U.S. states, that is Real ID compliant.
- A Valid Driver's License or Identification Card bearing Applicant's photograph issued by a state listed above that indicates on it that it is **"Enhanced."**
- A Valid Driver's License or Identification Card bearing Applicant's photograph issued by any of the U.S. states, **along with an original certified birth certificate, if the Driver's License is non-Real ID compliant.**
- United States passport, except for "limited" passports issued for less than five years
- Certificate verifying naturalized status issued by an authorized agency of the United States bearing Applicant's intact photograph impressed with the raised embossed seal of the issuing agency
- Certificate verifying United States citizenship issued by an authorized agency of the United States bearing Applicant's intact photograph impressed with the raised embossed seal of the issuing agency
- Unexpired Foreign Passport bearing an unexpired "Processed for I-551" stamp or with an attached unexpired "Temporary I-551" visa
- Unexpired Foreign Passport accompanied by an "I-94" indicating a specific future "until" date
- "I-94" with refugee or asylum status
- Unexpired "Resident Alien" card, "Permanent Resident" card, "Temporary Resident" card, or "Employment Authorization" card
- Other document as identified in 1 CCR 201-17, Rules for Evidence of Lawful Presence. These rules are available online at the Department of Revenue's website and are available at each Division office.

If you do not have any of the forms of identification above, a waiver program exists through the Department of Revenue for persons with health problems, lack of permanent physical address in Colorado or lack of sufficient documentation. Waiver applicants must go to a designated driver license office listed on the waiver form.

**I have read and understand all the information stated above.**

|                               |            |             |
|-------------------------------|------------|-------------|
| Applicant's Printed Last Name | First Name | Middle Name |
| Applicant's Signature         |            | Date        |

|                               |            |             |
|-------------------------------|------------|-------------|
| Applicant's Printed Last Name | First Name | Middle Name |
|-------------------------------|------------|-------------|

**NOTICE:** The Support License Application Form is an official document. If you provide false information on your gaming license application and/or do not disclose all information the application asks, your license is subject to denial or revocation, and you may be subject to criminal prosecution. The Division of Gaming will conduct a complete background investigation and will check all sources of information. You are advised that it is better to disclose all information than face denial, revocation or criminal prosecution.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| <b>CRIMINAL HISTORY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                           |
| <p>1. Since you turned age 18, have you ever been arrested, served with a criminal summons, charged with, or convicted of ANY crime or offense in any manner in this or any other country?</p> <ul style="list-style-type: none"> <li>You must include <b>ALL</b> arrests, charges, and convictions since the age of 18 regardless of the outcome, even if the charges were dismissed or you were found not guilty.</li> <li>You must include <b>ALL</b> arrests, charges, and convictions regardless of the class of crime (felonies, misdemeanors, and/or petty offenses).</li> <li>You must include <b>ALL</b> serious traffic offenses, including DUI; DWAI; reckless driving; leaving the scene of an accident (hit and run); driving under denial, suspension or revocation; or any other offense that resulted in your being taken into custody.</li> <li>NOTICE: Do not rely upon your understanding that an arrest or charge is "not supposed to be on your record." A criminal record was not cleared, erased, sealed or expunged unless you were given, and have in your possession, a written order from a judge directing that action.</li> </ul> | <input type="checkbox"/> Yes* <input type="checkbox"/> No |
| <p>*If you answered <b>YES</b>, explain in detail on a separate sheet and attach it to your application. For each offense for which you were arrested or charged, YOU MUST OBTAIN OFFICIAL DOCUMENTATION FROM THE COURT WHERE YOU APPEARED, SHOWING THE FINAL DISPOSITION (OUTCOME) OF YOUR CASE. This information will include whether you were found guilty or not guilty; and the penalty (money fine, time in jail or prison, or probation or deferred sentence). If you received a deferred judgment, a deferred sentence, or probation, your documentation must include the date that you were discharged or released from probation or other supervision.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                           |
| <p>Marijuana laws in another state regarding consumption, possession, cultivation or processing of marijuana, so long as the actions are lawful and consistent with professional conduct and standards of care within the State of Colorado, may not by itself prevent licensure depending on the underlying conviction and factual circumstances.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                           |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| <b>FINANCIAL HISTORY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                           |
| 1. Are you delinquent in the filing of any tax return with any taxing agency anywhere?                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Yes* <input type="checkbox"/> No |
| 2. Are you delinquent in the payment of any taxes, interest, or penalties due to any taxing agency anywhere?                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Yes* <input type="checkbox"/> No |
| 3. Are you delinquent in the payment of any obligations to any governmental agency anywhere?                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Yes* <input type="checkbox"/> No |
| 4. Are you delinquent in the repayment of any government-insured student loans?                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Yes* <input type="checkbox"/> No |
| 5. Are you delinquent in the payment of any child support?                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Yes* <input type="checkbox"/> No |
| <p>*If you answered <b>YES</b> to any of the questions above, give details on separate sheet and include any items currently under formal dispute or legal appeal. Attach any documents to prove your settlement on any of these issues.</p> <p><b>NOTICE:</b> If you answered <b>YES</b> to any of the questions above, you must provide proof you have taken steps to resolve the financial delinquency before being issued a Colorado gaming license.</p> |                                                           |

# ARREST DISCLOSURE FORM

If you have been arrested, given a summons, or been convicted of any offense, you must disclose this information to the Division of Gaming.

Any person licensed by the Colorado Limited Gaming Control Commission, and any associated person to a licensee, must make written notification to the Division's Lakewood office of any criminal conviction and/or criminal charge pending against such person within 10 days of such arrest, summons, or conviction. This includes:

- Being taken into custody for any offense, including traffic offense
- Being issued a summons or citation for any offense except for minor traffic offenses
- Failing to comply with your sentencing requirements
- Failing to appear for a court proceeding and having a bench warrant issued
- Having your driver's license suspended or revoked
- Being alleged to have driven under the influence or impairment of intoxicating liquor or drugs

**Failure to disclose an arrest or citation may result in disciplinary action, up to and including the denial of your license application.**

## PLEASE LIST EACH OFFENSE SEPARATELY

|                                                                                                     |                  |
|-----------------------------------------------------------------------------------------------------|------------------|
| Date of Offense                                                                                     | Place of Offense |
| Arresting Agency                                                                                    |                  |
| Original Charge                                                                                     |                  |
| DISPOSITION NARRATIVE — MUST ALSO PROVIDE OFFICIAL DOCUMENTATION (EXCEPT FOR MINOR TRAFFIC OFFENSE) |                  |

|                                                                                                     |                  |
|-----------------------------------------------------------------------------------------------------|------------------|
| Date of Offense                                                                                     | Place of Offense |
| Arresting Agency                                                                                    |                  |
| Original Charge                                                                                     |                  |
| DISPOSITION NARRATIVE — MUST ALSO PROVIDE OFFICIAL DOCUMENTATION (EXCEPT FOR MINOR TRAFFIC OFFENSE) |                  |

|              |                  |
|--------------|------------------|
| Printed Name | Gaming License # |
| Signature    | Date             |



# ARREST DISCLOSURE FORM

(CONTINUED)

PLEASE LIST EACH OFFENSE SEPARATELY

|                                                                                                     |                  |
|-----------------------------------------------------------------------------------------------------|------------------|
| Date of Offense                                                                                     | Place of Offense |
| Arresting Agency                                                                                    |                  |
| Original Charge                                                                                     |                  |
| DISPOSITION NARRATIVE — MUST ALSO PROVIDE OFFICIAL DOCUMENTATION (EXCEPT FOR MINOR TRAFFIC OFFENSE) |                  |

|                                                                                                     |                  |
|-----------------------------------------------------------------------------------------------------|------------------|
| Date of Offense                                                                                     | Place of Offense |
| Arresting Agency                                                                                    |                  |
| Original Charge                                                                                     |                  |
| DISPOSITION NARRATIVE — MUST ALSO PROVIDE OFFICIAL DOCUMENTATION (EXCEPT FOR MINOR TRAFFIC OFFENSE) |                  |

|              |                  |
|--------------|------------------|
| Printed Name | Gaming License # |
| Signature    | Date             |

## Affirmation & Consent

I state under penalty of perjury that the entire Support License Application Form, statements, attachments, and supporting schedules are true and correct to the best of my knowledge and belief, and that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for the refusal to issue a gaming or sports betting license by the State of Colorado. Further, I am aware that later discovery of an omission or misrepresentation made in the above statements may be grounds for the denial of a temporary gaming or sports betting license or the revocation of the license. I am voluntarily submitting this application to the Colorado Limited Gaming Control Commission under oath with full knowledge that I may be charged with perjury or other crimes for intentional omissions and misrepresentations pursuant to Colorado law. I further consent to any background investigation necessary to determine my present and continuing suitability and that this consent continues as long as I hold a Colorado gaming or sports betting license, and for 90 days following the expiration or surrender of such gaming or sports betting license. I also agree that the State of Colorado, its agencies, officers and assigns, shall be entitled to collect from me all expenses incurred in recovery of any debt created by this license application, or in pursuing any other remedy provided by law, including but not limited to reasonable attorney fees and costs. Note: If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your banking account electronically.

|                                               |      |
|-----------------------------------------------|------|
| Printed Full Legal Name (Last, First, Middle) | Date |
| Signature of Applicant                        | Date |

## Investigation Authorization Authorization to Release Information

I, \_\_\_\_\_, hereby authorize the Colorado Limited Gaming Control Commission, the Division of Gaming, the Colorado Bureau of Investigation and the Colorado Attorney General (hereafter, the Investigatory Agencies) to conduct a complete investigation into my personal background, using whatever legal means they deem appropriate. I hereby authorize any person or entity contacted by the Investigatory Agencies to provide any and all such information deemed necessary by the Investigatory Agencies. I hereby waive any rights of confidentiality in this regard.

I understand that by signing this authorization, a financial record check may be performed. I authorize any financial institution to surrender to the Investigatory Agencies a complete and accurate record of such transactions that may have occurred with that institution, including, but not limited to, internal banking memoranda, past and present loan applications, financial statements and any other documents relating to my personal or business financial records in whatever form and wherever located.

I understand that by signing this authorization, a financial record check of my tax filing and tax obligation status may be performed. I authorize the Colorado Department of Revenue to surrender to the Investigatory Agencies a complete and accurate record of any and all tax information or records relating to me. I authorize the Investigatory Agencies to obtain, receive, review, copy, discuss and use any such tax information or documents relating to me. I authorize the release of this type of information, even though such information may be designated as “confidential” or “nonpublic” under the provisions of state or federal laws.

I understand that by signing this authorization, a criminal history check will be performed. I authorize the Investigatory Agencies to obtain and use from any source, any information concerning me contained in any type of criminal history record files, wherever located. I understand that the criminal history record files contain records of arrests which may have resulted in a disposition other than a finding of guilt (i.e., dismissed charges, or charges that resulted in a not guilty finding). I understand that the information may contain listings of charges that resulted in suspended imposition of sentence, even though I successfully completed the conditions of said sentence and was discharged pursuant to law. I authorize the release of this type of information, even though this record may be designated as “confidential” or “nonpublic” under the provisions of state or federal laws.

The Investigatory Agencies reserve the right to investigate all relevant information and facts to their satisfaction. I understand that the Investigatory Agencies may conduct a complete and comprehensive investigation to determine the accuracy of all information gathered. However, the State of Colorado, Investigatory Agencies, and other agents or employees of the State of Colorado shall not be held liable for the receipt, use, or dissemination of inaccurate information. I, on behalf of the applicants legal representatives, and assigns, hereby release, waive, discharge, and agree to hold harmless, and otherwise waive liability as to the State of Colorado, Investigatory Agencies, and other agents or employees of the State of Colorado for any damages resulting from any use, disclosure, or publication in any manner, other than a willfully unlawful disclosure or publication, of any material or information acquired during inquiries, investigations, or hearings, and hereby authorize the lawful use, disclosure, or publication of this material or information.

Any information contained within my application, contained within any financial or personnel record, or otherwise found, obtained, or maintained by the Investigatory Agencies, shall be accessible to law enforcement agents of this or any other state, the government of the United States, any foreign country, or any Indian tribe.

|                                                               |                  |                   |
|---------------------------------------------------------------|------------------|-------------------|
| Printed Full Legal Last Name                                  | Legal First Name | Legal Middle Name |
| Signature                                                     |                  | Date              |
| Signature of Division of Gaming Agent Presenting This Request |                  | Date              |

## Verification of Fingerprints

*(not required if printed by the Division of Gaming or a CABS vendor)*

**This form is to be completed by the law enforcement agency that takes your fingerprints.**

The enclosed fingerprint cards contain the prints of whose following identification I have verified:

Name of Applicant

Identification Type (i.e. Missouri Driver's License, U.S. Passport, U.S. Military Card, etc.)

Identification Document Number

Name of Person Taking Fingerprints

Title

Law Enforcement Agency Name

ORI Number

Signature

Date

\*Fingerprints will be used to check the criminal history records of the Colorado Bureau of Investigation and the Federal Bureau of Investigation (FBI). Procedures for obtaining a change, correction or update of an FBI identification record are set forth in Title 28, C.F.R Section 16.34

## COLORADO DIVISION OF GAMING

### Authorization for Disclosure for Colorado Department of Revenue

|                                                                                                                                                                                                                                                                                                                                                                                         |                  |                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------|
| Printed Full Legal Last Name                                                                                                                                                                                                                                                                                                                                                            | Legal First Name | Legal Middle Name |
| Social Security Number                                                                                                                                                                                                                                                                                                                                                                  |                  |                   |
| Printed Full Legal Name and Social Security Number of Person(s) You Have Filed a Joint State Tax Return Within Past 5 Years                                                                                                                                                                                                                                                             |                  |                   |
| I/We do hereby appoint a duly authorized agent of the Colorado Division of Gaming as my/our lawful attorney in fact to request, review, receive, copy and use for licensing or regulatory purposes confidential tax information and records from the Colorado Department of Revenue relating to me/ us. This power of attorney ends twenty-four (24) months from the date of execution. |                  |                   |
| Signature of Applicant                                                                                                                                                                                                                                                                                                                                                                  |                  |                   |
| Dated this _____ day of _____, 20_____, at _____<br>(day) (month) (year) (time)<br>_____<br>(city) (state)                                                                                                                                                                                                                                                                              |                  |                   |

**IF YOU FILED JOINTLY, THE JOINT ACCOUNT HOLDER MUST SIGN BELOW**

|                                                                                                            |  |  |
|------------------------------------------------------------------------------------------------------------|--|--|
| Signature of Joint Account Holder                                                                          |  |  |
| Dated this _____ day of _____, 20_____, at _____<br>(day) (month) (year) (time)<br>_____<br>(city) (state) |  |  |



**COLORADO**  
**Department of Revenue**  
Specialized Business Group—Gaming

1707 Cole Blvd., Suite 300  
Lakewood, CO 80401

Dear Applicant:

Thank you for your interest in becoming a licensed gaming employee. Before you submit your application, I want to make you aware of a few facts.

The gaming and sports betting industries in Colorado are among the most scrutinized businesses in the state. Colorado citizens want the gaming industry to be free of any corruption or deceit, which is why we take our regulation of the industry very seriously. Ensuring honesty and integrity in Colorado's gaming industry begins with licensure.

During the licensing process, we will thoroughly review your background. If you pass our qualifications, you will be issued a gaming license that will allow you to work within the gaming and sports betting industry. You should know that holding a gaming license is a privilege, not a right, and one thing you must do to obtain this privilege is be completely honest while filling out this application.

Many applicants run into problems when asked to disclose their criminal history. You will be asked to disclose ALL crimes and/or offenses committed since the age of 18, regardless of the final outcome of the case. If you are uncertain what this means, or if you have any questions about the criminal history section of this application, please ask one of our Licensing Specialists to assist you. Failing to disclose an arrest may prevent you from obtaining a license.

Here are some examples of reasons given by applicants for failing to disclosed ALL arrests and/or offenses:

- My attorney told me I didn't have to disclose.
- I didn't think I was arrested, because I only got a ticket/summons.
- I didn't think the arrest had anything to do with gaming.
- I didn't think the arrest was still on my record.

None of the above are acceptable reasons for not disclosing an arrest. Please take your time and utilize our staff if you have any questions about filling out this application. Thank you again for your interest in becoming part of Colorado's gaming industry.

Sincerely,

Christopher Schroder  
Director  
Colorado Division of Gaming

I have read and understand this letter.

|           |      |
|-----------|------|
| Signature | Date |
|-----------|------|



# Colorado Division of Gaming STATEMENT OF UNDERSTANDING

I understand the license being issued today is still subject to denial pending the final results of the Division of Gaming investigation of my background. This temporary license will become permanent upon the final results of the background investigation unless I receive notification otherwise. Upon receipt of a Notice of Denial, I agree to immediately surrender my identification badge to the Division of Gaming. I understand such a denial will be effective immediately. I understand I may appeal the denial of my application, and until a determination is made of that appeal, I cannot possess a gaming license. I understand I would have no right to work in any capacity that requires a gaming license unless the denial of my gaming license is reversed by an order of the Colorado Limited Gaming Control Commission.

I understand I am responsible for knowing and complying with state laws and regulations governing limited gaming. I understand I may obtain or view these documents at any of the Division of Gaming offices. I understand I am being made aware of the following regulations and agree to comply with them:

- I am required to notify the Lakewood office of the Division of Gaming online or in writing of any arrest, criminal charge, or conviction pending against me within 10 days of such arrest, charge or conviction. This notification requirement shall not apply to non-felony traffic violations unless they result in suspension or revocation of a driver's license, are based on allegations of driving under the influence or impairment of intoxicating liquor or drugs, or result in me being taken into custody. [Regulation 30-405(4)] In addition, infractions which must be reported include reckless driving, leaving the scene of an accident (hit and run), driving under denial, suspension, or revocation.
- I may pay a \$5 fee to obtain a duplicate license. (Regulation 30-323) Cash is not accepted. Checks, credit cards, and money orders only.
- I am required to renew my gaming license 30 days before the expiration of the license I am being issued. [Regulation 30-302(2)] (Note: You should receive a renewal application in the mail 60-90 days prior to your expiration date, but you are still ultimately responsible to obtain a renewal application if you do not receive one in the mail and to file 30 days before expiration.)
- If I allow my gaming license to expire for even one day and then try to reapply, I must submit an original license application along with the original application fee. [Regulation 30-303]

I understand during the period in which I hold a gaming license, I must:

- File state and federal income tax returns;
- Remain current on all state and federal tax and other governmental obligations, including any present and/or future payment plans;
- Remain current on all government-insured student loan obligations, including any present and/or future payment plans;
- Remain current on all child support obligations, including any present and/or future payment plans.

I understand the Division of Gaming will perform a background check one year from the month in which my license is being issued to check whether I have filed necessary tax returns and remained current on the government obligations listed above. I understand if the Division of Gaming contacts me regarding any issues associated with this annual check, I will provide any information the Division of Gaming requests to show my continued suitability to hold a gaming license.

I understand I am responsible to notify the Division of Gaming office in writing when I have a change in name, residence address, mailing address or phone number, since all correspondence is sent to my last known address. Failure to notify the Division could result in my not receiving approval letters, renewal applications, legal notices, and other correspondence.

I have read all of the above information and understand my responsibilities as a gaming licensee. I further understand that failure to comply with any law, regulation, or the provisions of this Statement may be grounds for disciplinary action, including but not limited to the suspension or revocation of my gaming license and a monetary penalty after an administrative hearing.

|                              |                |
|------------------------------|----------------|
| Licensee's Full Printed Name | License Number |
| Licensee's Signature         | Date           |

# Privacy Act Statement

*This privacy act statement is located on the back of the [FD-258 fingerprint card](#).*

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 03/30/2018

*See Page 2 for Spanish translation.*



# Declaración de la Ley de Privacidad

*Esta declaración de la ley de privacidad se encuentra al dorso del [FD-258 tarjeta de huellas digitales](#).*

**Autoridad:** La adquisición, preservación, e intercambio de huellas digitales e información relevante por el FBI es autorizada en general bajo la 28 U.S.C. 534. Dependiendo de la naturaleza de su solicitud, la autoridad incluye estatutos federales, estatutos estatales de acuerdo con la Pub. L. 92-544, Órdenes Ejecutivas Presidenciales, y reglamentos federales. El proveer sus huellas digitales e información relevante es voluntario; sin embargo, la falta de hacerlo podría afectar la terminación o aprobación de su solicitud.

**Propósito Principal:** Ciertas determinaciones, tal como empleo, licencias, y autorizaciones de seguridad, podrían depender de las investigaciones de antecedentes basados en huellas digitales. Se les podría proveer sus huellas digitales e información relevante/ biométrica a la agencia empleadora, investigadora, o responsable de alguna manera, y/o al FBI con el propósito de comparar sus huellas digitales con otras huellas digitales encontradas en el sistema Next Generation Identification (NGI) del FBI, o su sistema sucesor (incluyendo los depósitos de huellas digitales latentes, criminales, y civiles) u otros registros disponibles de la agencia empleadora, investigadora, o responsable de alguna manera. El FBI podría retener sus huellas digitales e información relevante/biométrica en el NGI después de terminar esta solicitud y, mientras las mantengan, sus huellas digitales podrían continuar siendo comparadas con otras huellas digitales presentadas a o mantenidas por el NGI.

**Usos Rutinarios:** Durante el procesamiento de esta solicitud y mientras que sus huellas digitales e información relevante/biométrica permanezcan en el NGI, se podría divulgar su información de acuerdo a su consentimiento, y se podría divulgar sin su consentimiento de acuerdo a lo permitido por la Ley de Privacidad de 1974 y todos los Usos Rutinarios aplicables según puedan ser publicados en el Registro Federal, incluyendo los Usos Rutinarios para el sistema NGI y los Usos Rutinarios Generales del FBI. Los usos rutinarios incluyen, pero no se limitan a divulgación a: agencias empleadoras gubernamentales y no gubernamentales autorizadas responsables por emplear, contratar, licenciar, autorizaciones de seguridad, y otras determinaciones de aptitud; agencias de la ley locales, estatales, tribales, o federales; agencias de justicia penal; y agencias responsables por la seguridad nacional o seguridad pública.

A partir de 30/03/2018

## NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing.<sup>1</sup> These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or retained.<sup>2</sup>
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record.
- If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
- If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.<sup>3</sup>

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<sup>1</sup> Written notification includes electronic notification, but excludes oral notification.

<sup>2</sup> <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

<sup>3</sup> See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).

## DERECHOS DE PRIVACIDAD DE SOLICITANTES - JUSTICIA, NO CRIMINAL

Como solicitante sujeto a una indagación nacional de antecedentes criminales basado en huellas dactilares, para un propósito no criminal (tal como una solicitud para empleo o una licencia, un propósito de inmigración o naturalización, autorización de seguridad, o adopción), usted tiene ciertos derechos que se entablan a continuación. Toda notificación se le debe proveer por escrito.<sup>1</sup> Estas obligaciones son de acuerdo al Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, y Title 28 Code of Federal Regulations (CFR), 50.12, entre otras autorizaciones.

- Se le debe proveer una Declaración de la Ley de Privacidad del FBI (con fecha de 2013 o más reciente) por escrito cuando presente sus huellas digitales e información personal relacionada. La Declaración de la Ley de Privacidad debe explicar la autorización para tomar sus huellas digitales e información relacionada y si se investigarán, compartirán, o retendrán sus huellas digitales e información relacionada.<sup>2</sup>
- Se le debe notificar por escrito el proceso para obtener un cambio, corrección, o actualización de su historial criminal del FBI según delineado en el 28 CFR 16.34.
- Se le tiene que proveer una oportunidad de completar o disputar la exactitud de la información contenida en su historial criminal del FBI (si tiene dicho historial).
- Si tiene un historial criminal, se le debe dar un tiempo razonable para corregir o completar el historial (o para rechazar hacerlo) antes de que los funcionarios le nieguen el empleo, licencia, u otro beneficio basado en la información contenida en su historial criminal del FBI.
- Si lo permite la política de la agencia, el funcionario le podría otorgar una copia de su historial criminal del FBI para repasarlo y posiblemente cuestionarlo. Si la política de la agencia no permite que se le provea una copia del historial, usted puede obtener una copia del historial presentando sus huellas digitales y una tarifa al FBI. Puede obtener información referente a este proceso en <https://www.fbi.gov/services/cjis/identity-history-summary-checks> y <https://www.edo.cjis.gov>.
- Si decide cuestionar la veracidad o totalidad de su historial criminal del FBI, deberá presentar sus preguntas a la agencia que contribuyó la información cuestionada al FBI. Alternativamente, puede enviar sus preguntas directamente al FBI presentando un petición por medio de <https://www.edo.cjis.gov>. El FBI luego enviará su petición a la agencia que contribuyó la información cuestionada, y solicitará que la agencia verifique o corrija la información cuestionada. Al recibir un comunicado oficial de esa agencia, el FBI hará cualquier cambio/corrección necesaria a su historial de acuerdo con la información proveída por la agencia. (Vea 28 CFR 16.30 al 16.34.)
- Usted tiene el derecho de esperar que los funcionarios que reciban los resultados de la investigación de su historial criminal lo usarán para los propósitos autorizados y que no los retendrán o diseminarán en violación a los estatutos, normas u órdenes ejecutivos federales, o reglas, procedimientos o normas establecidas por el National Crime Prevention and Privacy Compact Council.<sup>3</sup>

<sup>1</sup> La notificación por escrito incluye la notificación electrónica, pero excluye la notificación verbal.

<sup>2</sup> <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

<sup>3</sup> Vea 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (anteriormente citada como 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) y 906.2(d).