

Specialized Business Group—Gaming

Responsible Gaming Request for Removal from Voluntary Self-Exclusion List

DR 9682 (08/29/24)
COLORADO DEPARTMENT OF REVENUE
Division of Gaming
1707 Cole Blvd., Suite 300
Lakewood CO 80401
(303) 205-1300

Responsible Gaming Request for Removal from Voluntary Self-Exclusion List

This form is to be completed by a person requesting removal from the State of Colorado, Department of Revenue, Division of Gaming Self-Exclusion List, pursuant to Gaming Rule 29, and Sports Betting Rule 9. All information contained on this form is confidential.

Completing this form:

- 1. This form may only be submitted after the expiration of the minimum one, three,or five-year self-exclusion period selected on the State of Colorado, Department of Revenue, Division of Gaming Self-Exclusion Registration.
- **2.** Submission of this form requests removal from the State of Colorado, Department of Revenue, Division of Gaming Self-Exclusion List.
- **3.** Submission of this form does not guarantee the reinstatement of privileges in other jurisdictions.

Per the Self-Exclusion Registration:

- Individuals will continue to remain on the Self-Exclusion List until they request to be removed.
- Individuals that have self-excluded or are on the excluded list will need approval from the Division of Gaming Director prior to being removed from the exclusion list.
- No person is automatically removed from the exclusion list when the selected or directed time ends.

| Exclusion Pe | eriod: Please identi | fy the exclusion | period selected in y | our Self-Exclusion Registration |
|--------------|----------------------|------------------|----------------------|---------------------------------|
| 1 year | 3 years | 5 years | Lifetime | |

Please confirm the date of self-exclusion

| Personal Information | | | | | | |
|-----------------------------|------------------------|-----------------------------------------------|--|--|--|--|
| Last Name | First Name | Middle Name | | | | |
| Email | | Date of Birth (MM/DD/YYYY | | | | |
| Physical Street Address (No | P.O. Boxes) | | | | | |
| City | | State ZIP Code | | | | |
| Primary Phone Number | Secondary Phone Number | Last 4 numbers of your Social Security Number | | | | |

Request for Removal

The signature below certifies the individual submitting this form:

- is one in the same on the State of Colorado, Department of Revenue, Division of Gaming Self-Exclusion Registration.
- is not under the influence of drugs or alcohol or suffering from a condition that impairs the ability to make an informed decision.
- requests the removal from the State of Colorado, Department of Revenue, Division of Gaming Self-Exclusion List.
- understands this is a petition for reinstatement of privileges as defined in the State of Colorado,
 Department of Revenue, Division of Gaming Self-Exclusion Registration.

The Division will make every effort to remove the requested name from the list within five business days of receipt of the request

Waiver and Release

The State of Colorado, the Colorado Department of Revenue, the Division of Gaming, Colorado Casinos, or Sports Betting Operators (online or retail) are released and forever discharged from any liability to you and your heirs, administrators, executors, and assigns, for any harm, monetary or otherwise, this request for removal from the State of Colorado, Department of Revenue, Division of Gaming Self-Exclusion List.

I hereby certify that I have read and that I understand and agree to the above statements and the Waiver and Release.

| Signature | Date (MM/DD/YY) |
|-----------|-----------------|
| | |

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| Notary Seal | | | | | |
|---------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------|--|--|--|
| State of | County of | | | | |
| SUBSCRIBED AND SWORI | N to (or affirmed) before me | | | | |
| this | day of | , 20 | | | |
| by | | | | | |
| Witness my hand and officia | l seal. | | | | |
| Notary Signature | | | | | |
| | | | | | |
| | | | | | |
| Notary Public | otary Public Commission Expiration Date | | | | |
| | | | | | |
| Mail completed form and a | copy of the state-issued identification card to | o: | | | |
| Colorado Division of Gamino | | | | | |
| Self-Exclusion Program | | | | | |
| 1707 Cole Blvd., Suite 300 | | | | | |
| Lakewood, CO 80401 | | | | | |
| | | | | | |
| | ne of the Division of Gaming offices to have a wite Please bring your government issued identification | | | | |
| Lakewood - 303-205-1300 | | | | | |
| Central City/Black Hawk - 30 | 03-582-0529 | | | | |
| Cripple Creek - 719-689-336 | 32 | | | | |
| I have witnessed the signatu | re and noted the identification of | | | | |
| | | | | | |
| | | | | | |
| on | , 20 | | | | |
| Identification state and number | per | | | | |
| Witness Signature | | _ Date (MM/DD/YY) | | | |
| | | | | | |
| Witness | | _ | | | |

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