

Duplicate Badge/Additional Occupation Application

Duplicate Badge
 Additional Occupation Application

Applicant Last Name	First Name	Middle Initial

Mailing Address

City	State	ZIP Code

Local Address

City	State	ZIP Code

Social Security Number	Date of Birth	Phone Number

Email

Type of License:
 Key
 Support
 Registration

Additional Occupational License/Duplicate Badge Fee (\$10)

Background Information

Have there been any changes from original application?..... Yes No

(If yes, please answer the following questions.)

A. Within the last **ten** years, have you been charged with a crime?..... Yes No

B. Within the last **ten** years, have you been convicted, entered a plea of guilty or no contest, forfeited bail, or been fined for any criminal offense, either felony, misdemeanor, petty offense, or local ordinance? (except **minor** traffic violations)..... Yes No

C. Within the last **ten** years, have you had any other Colorado licenses (including Driver's License) denied, revoked or suspended?..... Yes No

D. Are you delinquent in the payment of any taxes, interest, penalties or judgments owed to the State of Colorado? If yes, please provide explanation..... Yes No

E. Within the last **ten** years, have you been placed under or on court supervision, probation or parole?..... Yes No

F. Are you delinquent in payments for child support? If yes, please provide explanation..... Yes No

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

Date	County	State	Nature of Charge/Crime/Offense	Final Result
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date	County	State	Nature of Charge/Crime/Offense	Final Result
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Racing History/Infractions

Have there been any changes from original application?..... Yes No

(If yes, please answer the following questions.)

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

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

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

Name of Licensee (print)	Date (MM/DD/YY)
<input type="text"/>	<input type="text"/>
Signature	Date (MM/DD/YY)
<input type="text"/>	<input type="text"/>

For Office Use Only

License Number	License Expiration Date	PSR Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
CC	Check Number	Check Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>