

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.

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Exclusion Period: Please identify the exclusion period selected in your Self-Exclusion Registration

1 year	3 years	5 years	Lifetime
Please confirm the da	ate of self-exclusion _		

Personal Information

Last Name		First Name		
Middle Name				
Email address				
Date of Birth (MM/DD/YYYY)				
Physical Street Address (No P.O. Boxes)				
City	State		Zip Code	
Primary Phone Number				
Secondary Phone Number				

Request for Removal

The signature below certifies the individual submitting this form:

Last 4 numbers of your Social Security Number

- 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 he statements and the Wasignature:		understand and agr	ree to the above
Date: STATE OF COUNTY			
OF			
SUBSCRIBED AND SW 20 , by	ORN to (or affirmed) before me this	day of
WITNESS my hand and	l official seal.		
			Notary Public
Commission Expires			
Mail completed form to: Colorado Division of Gaming Self-Exclusion Program 1707 Cole Blvd., Suite 300 Lakewood, CO 80401			
For those who wish to visit one office hours. Please bring your g		_	ess to your signature, please call for tity.
Lakewood - 303-205-1300 Central City/Black Hawk - 303-58 Cripple Creek - 719-689-3362	32-0529		
I have witnessed the signature a	nd noted the identification	on of	
on	, 20	Identification state and	l number
	Witness		

For Internal Use Only

Division Director Approval				
I,, Division of Gaming, approve the removal of	, Department of Revenue,			
from the State of Colorado, Department of Revenue Self-Exclusion List.	e, Division of Gaming Responsible Gaming			
The applicant has fulfilled the exclusion period that	began on			
Signature				
Date				