This list of questions and responses #1 (Q&A#1) is being issued to clarify certain information contained in the above named Request for Proposals (RFP). The statements and interpretations of Contract requirements, which are stated in the following responses are not binding on the State, unless the State expressly amends the RFP. Nothing in the State’s responses to these questions is to be construed as agreement to or acceptance by the State of any statement or interpretation on the part of the entity asking the question as to what the Contract does or does not require. Some questions have been edited for brevity and clarity, and duplicate questions may have been combined or eliminated.

The following are questions submitted pursuant to the RFP and the State Lottery and Gaming Control Agency’s (“MLGCA” or “Lottery”) responses to those questions:

1. **QUESTION:** How is workflow currently handled in the application?

   **ANSWER:** The application manages workflow via both role based job functions and the advancement of documents to the higher level authorities incoming work queue.

2. **QUESTION:** What security scanner do you currently use?

   **ANSWER:** The following tools have been used for testing the security of the application: Burp Suite, Nikto, Sqlmap, W3af, IBM Appscan, Metasploit, and Tenable Nessus. However, the MLGCA does not currently own any software to actively scan the application for security. The contractor shall utilize a scanning application to ensure the application is securely coded throughout the development phases.

3. **QUESTION:** If we are performing development off-site will we be granted VPN access into the development environment?

   **ANSWER:** Yes, remote access to the system will be available via VPN.

4. **QUESTION:** Are there current environments for development, test, and production? Which environment do you foresee we will working in?
ANSWER: The MLGCA is currently working on creating a combined development/test system. However, the option exists for there to be two environments for development and testing in the future. Initially the contractor will be working on a system designated for both development and user testing.

5. QUESTION: Do you have a diagram of the current infrastructure?

ANSWER: The e-Licensing system is comprised of two separate servers that provide a web interface front end and a SQL server back end. The web interface is currently on a Hyper-V virtual machine that resides in a DMZ. The SQL server is currently on a VMWare virtual machine that resides in the MLGCA's server farm.

The traffic flow comes from the MLGCA's firewall to the web interface front end. The web interface then communicates back through the firewall to SQL server back end for data display and capture. All data communication is at one gigabit per second.

6. QUESTION: Do you have a network diagram?

ANSWER: A network diagram will be provided when the contract is awarded.

7. QUESTION: Are there any interfaces with outside applications or tools?

ANSWER: A Kofax scanning system, Experian, and Accurint

8. QUESTION: Where do your staff typically perform UAT? Which environment?

ANSWER: MLGCA performs UAT in the test/development environment.

9. QUESTION: Do you currently use a defect tracking tool? If so, what is that tool?

ANSWER: No, we do not currently use a defect tracking tool.

10. QUESTION: Can we get a list of the current and open defects within the code?

ANSWER: Other than items noted in this TORFP there are no other known defects in the code.

11. QUESTION: The limitation of Liability and the 15k fee for performance issues is fairly large. Can this be removed since this is a SBR procurement?

ANSWER: No
12. **QUESTION:** Page 43 denotes that the first deliverable is due NTP +45 days and on page 44 the UAT starts on NTP +30 days… How will UAT start before the code is completed in +45 days.

**ANSWER:** Please see the new deliverable and milestone dates in the amendments.

13. **QUESTION:** Milestones 2.8.5.4 and 2.8.5.3 are due on the same day.

**ANSWER:** Please see the new deliverable and milestone dates in the amendments.

14. **QUESTION:** Given the timelines for award and eventual NTP how will the COMAR regulations be implemented before July 1st? Do you have any ideas with regards to these timelines?

**ANSWER:** Please see the new deliverable and milestone dates in the amendments. MLGCA has developed a process to meet the COMAR regulations until the necessary software changes are completed and put in place. Once the Temporary License process is in place, all licenses entered from July 1, 2015 will have to be converted from Sponsored to Temporary.

15. **QUESTION:** Are there dedicated State SME’s for this project?

**ANSWER:** There are several State employees who fully understand the workflow and data requirements of the e-Licensing system.

16. **QUESTION:** Is there an incumbent currently supporting this work?

**ANSWER:** No. There is currently not a contract in place for system support.

17. **QUESTION:** Do you have an idea of how many locations and staff will need to be trained?

**ANSWER:** MLGCA employees would be trained at MLGCA headquarters in Baltimore. At this time the only other training that would require the TO Contractor to be on would be in preparation for the opening of the MGM casino in Prince George’s county in 2016.

18. **QUESTION:** If awarded are staff of contractors and/or its subcontractors allowed to buy lottery tickets/scratch offs.

**ANSWER:** No.

19. **QUESTION:** In the answers from the pre-proposal conference, you stated that a current licensee may be charged additional fees if MLGCA “deems it necessary to
take additional measures to insure the integrity of the licensing process.” Can you provide an example of what “additional measures” might be and the amount of additional charges?

ANSWER: After further consideration, MLGCA does not anticipate any additional fees associated with these additional measures.

20. QUESTION: 2.6.3.1E Modify logos. Are we responsible for creating the logos or do they already exist?

ANSWER: The required logos have been created and are available for use by the TO Contractor.

21. QUESTION: 2.6.3.1G Make changes to enable MLGCA to change logos and letter head. What technology is currently used for generating reports? Sql Server Reporting Services (SSRS)

ANSWER: No, the letters are generated via a letter generation engine written in C#

22. QUESTIONS: 2.6.3.1H Create notification queue. Is this a read-only queue available inside of the licensing system for MLGCA staff or is it supposed to notify the licensee? Is the ability to view the queue role based?

ANSWERS: MLGCA would see all license expiration notifications. The casinos, manufactures, contractors and vendors would only see their employee’s notifications. Yes the ability to view is role based.

23. QUESTION: 2.6.3.1I Are we only developing the disaster recovery plan? Who is responsible for the hardware? Are there hardware limitations that need to be considered when developing the disaster recovery plan?

ANSWER: Yes, the contractor would only be responsible for developing the plan. The MLGCA has sufficient hardware and infrastructure in place to support disaster recovery.

24. QUESTION: 2.6.3.2F This requirement seems to be incomplete. The last sentence seems to stop abruptly

ANSWER: This requirement seems complete to MLGCA.

25. QUESTION: 2.6.3.2I Convert https connections from SSL to TLS for Experian and Accurint. This assumes that both Experian and Accurint are able to handle TLS? What is our responsibility if they don't support TLS?
ANSWER: The MLGCA has been notified by both Experian and Accurint that SSL is not supported and that TLS must be used.

26. QUESTION: 2.6.3.2K Integrate w/ the badging system. Is there a documented API for the badging system to accomplish this? If not, are we responsible for creating one? What happens if the badging system is not capable of being populated by the eLicensing system?

ANSWER: There is not an API available for the badging system. If the badging system is not able to be populated by the eLicensing system, this requirement will be removed. However, the vendor must investigate how this functionality could be implemented.

27. QUESTION: 2.6.3.3D Is the information to be printed for the Livescan registration currently available inside of the eLicensing application or does it have to retrieve it from a different application/database?

ANSWER: The information to be printed on the Livescan Registration Record is available within the eLicensing system.

28. QUESTION: 2.6.3.4E Emailing Reference letters. Does the eLicensing system currently have email ability or will this be the first time it will send emails? If this is the first time, what email service does MLGCA use and will that service be available to the eLicensing system to use? If not, are we responsible for obtaining an email service? If we are responsible for finding a service, who incurs the cost of this service? What is the approval process for this?

ANSWER: The eLicensing system currently has the ability to generate emails to applicants and references. This requirement is just to add the space on the Applicants Reference Form to capture emails for their references.

29. QUESTION: 2.6.3.4K Integrate with P.C Link. Is there a documented API that we can use or will we need to develop it? What happens if we are not able to integrate with P.C Link?

ANSWER: PC Link is currently used to access external legacy systems. We don’t believe there is an API available for these systems. If integration with the systems accessed by PC Link is not available, this requirement will be removed.

30. QUESTION: Under the Acceptance Criteria column in section 2.8.4, it mentions Successful integration, regression and MLGCA User acceptance testing. Who is performing the regression testing? Is that part of MLGCA’s UAT or do we need to provide documentation of the our own regression testing?
ANSWER: The contractor will be responsible for furnishing the results of their regression testing to MLGCA. MLGCA will also be performing a level of regression testing during their UAT process.

31. **QUESTION:** Do you currently use any testing software? If so, what and is it scripted to test the current functionality in the eLicensing system?

**ANSWER:** There is no testing software currently in use.

32. **QUESTION:** List of current bugs in the system not being addressed in this TORFP?

**ANSWER:** Other than items noted in this TORFP there are no other known defects in the code.

33. **QUESTION:** Section 2.6.1 Will the state pay for and procure the hardware for the test and production environments?

**ANSWER:** MLGCA has hardware and the infrastructure in place for the test and production environments.

34. **QUESTION:** Section 2.6.8 Item D. Is there a time limit to requests for fixes that are covered with the fixed price contract? Is the TO Contractor responsible for providing tier ii and iii personnel or merely interacting with existing personnel?

**ANSWER:** The TO Contract would be responsible for providing the necessary support required to resolve for Tier II and Tier III level issues.

35. **QUESTION:** Section 2.6.9 Item E. Regarding the SLA for performance issues, are non-application factors considered and researched when determining the meeting or failure to meet the SLA? I.E. hardware, network or other infrastructure issues?

**ANSWER:** Yes. MLGCA understands that there may be hardware, networking and infrastructure issues that are beyond the responsibility of the TO Contractor and will take them into consideration when evaluating performance.

36. **QUESTION:** Would the state consider extending the due dates of the urgent priority deliverables. Even with vast knowledge of the system, completing these tasks in 45 days is not possible. Some tasks in that category could be completed in the timeframe, but we do not think all of them could be complete in 45 days.

**ANSWER:** An amendment with updated due dates and deliverables is being distributed to all vendors.
37. **QUESTION:** Would the state consider extending the due dates of the immediate priority deliverables? Completed these tasks in 15 days after the urgent priority deliverables is not possible.

**ANSWER:** Amendments with updated due dates and deliverables is being distributed to all vendors.

38. **ANSWER:** Would the state consider extending the due dates of all of the deliverables?

**ANSWER:** Amendments with updated due dates and deliverables is being distributed to all vendors.
This list of questions and responses #2 (Q&A#2) is being issued to clarify certain information contained in the above named Request for Proposals (RFP). The statements and interpretations of Contract requirements, which are stated in the following responses are not binding on the State, unless the State expressly amends the RFP. Nothing in the State’s responses to these questions is to be construed as agreement to or acceptance by the State of any statement or interpretation on the part of the entity asking the question as to what the Contract does or does not require. Some questions have been edited for brevity and clarity, and duplicate questions may have been combined or eliminated.

The following are questions submitted pursuant to the RFP and the State Lottery and Gaming Control Agency’s (“MLGCA” or “Lottery”) responses to those questions:

1. **QUESTION:** Upon review of Priority 2, Item 3 and Item 4, Does MLGCA have the form 4002 and form 4001 complete and if so, can we please see the renewal applications? They do not appear in the link provided in the business and functional requirements section.

   **ANSWER:** The final draft of forms 4001 and 4002 are attached to this email.

2. **QUESTION:** In looking at estimates to complete those tasks, we still do not think it is possible to complete those tasks in 60 days. Would the state consider 120 days after receiving the applications as a due date?

   **ANSWER:** At this time, the deliverables dates will remain as stated. As stated on page 44 there may be some flexibility to some of the deliverable due dates.

3. **QUESTION:** Please let me know if there is any flexibility with the NTP + due dates.

   **ANSWER:** At this time, the deliverables dates will remain as stated. As stated on page 44 there may be some flexibility to some of the deliverable due dates.

4. **QUESTION:** Also, would the state consider extending the deadline by 1 week?

   The TORFP response due date remains June 26, 2015 at 2:00 PM Local time.
Applicant: ________________________________

Gaming Employee

License Renewal Form # 4001
MARYLAND LOTTERY AND GAMING CONTROL COMMISSION
VIDEO LOTTERY GAMING EMPLOYEE LICENSE RENEWAL APPLICATION

I. INDIVIDUALS REQUIRED TO OBTAIN A VIDEO LOTTERY GAMING EMPLOYEE LICENSE:

a. This application must be completed by an individual who has received at least a conditional offer of employment from a licensed facility operator, manufacturer or contractor as a video lottery employee, and whose duties, relate or will relate to the operation of a facility, and who performs or supervises or will perform or supervise the performances of: (1) operating, servicing, or maintaining a video lottery terminal or associate equipment; (2) accounting, maintaining, or auditing a facility’s financial records; (3) counting or processing video lottery terminal revenue; (4) conducting security or surveillance in or around a facility; operating or maintaining a facility’s information systems; (5) is employed by a contractor or manufacturer, whose duties directly relate to the repair, service or distribution of a video lottery terminal and associated equipment, or is otherwise required to be present on a facility’s gaming floor or in a restricted area of a facility; or (6) is otherwise required by the Commission to be licensed as a gaming employee. Examples of gaming employees may include, but are not limited to: booth operators, slot machine mechanics, count room employee, cage employee, security and surveillance personnel, auditing and accounting employees, or information technology employees.

II. COMPLETING THIS FORM:

a. You must make accurate statements and include all material facts. Any misrepresentation, or the failure to provide requested information, may result in the denial of your application.

b. Read each question carefully prior to answering. Answer every question completely. Do not leave blank spaces. If a question does not apply to you or you have nothing to disclose, indicate “Does Not Apply” in response to that question. Failure to provide a response to every question could result in the denial of your application.

c. If the space available is insufficient to respond to a question, supply the required information on an attachment page and clearly identify which question you are answering.

d. If you make any modification to the pre-printed questions or information contained in this form, your application may be denied. Once your application is submitted, it becomes the property of the Maryland Lottery and Gaming Control Agency and will not be returned.
III. BE SURE:

a. You sign the *Statement and Authorization* at the end of this form in the presence of a notary.

b. You retain a completed copy of your application for your own records.

IV. PHOTOGRAPH AND FINGERPRINTS

a. You will be required to have your photograph taken when your application is made.

b. You will be required to submit fingerprints upon application.

V. NOTICES

a. A Maryland gaming license is a privilege. The burden of proving and maintaining qualifications to receive and hold a gaming employee license is at all times on the applicant.

b. Any false statement made in this application will reflect on your character and may result in the denial of your application or, if you receive a license based on a false statement, may result in suspension or revocation of your license.

c. Your ability to obtain or maintain a gaming license in another jurisdiction may be negatively impacted if: (1) the Commission denies your license application; or (2) after you are licensed in Maryland, the Commission takes adverse action against your license.

d. An application for a video lottery employee license may be withdrawn if the: (1) Applicant submits a written request to the Commission to withdraw the application; and (2) Written request is submitted before the Commission has denied the application. COMAR 36.01C(6).

NOTE: A renewal application that has been accepted for filing and all related materials submitted to the Commission shall become property of the Commission and will not be returned to the applicant.
RENEWAL APPLICATION FEES

1. Renewal Fee ........................................................................................................$ 150.00
2. Fingerprint Processing Fee .................................................................................$ 37.25
   Total Amount Due At Application ....................................................................... $ 187.25

* Once approved the renewed license is valid for a five (5) year period.

NOTE: Renewal Application fees are due at the time of application. They are non-refundable and must be in the form of a wire transfer, certified/bank check or money order. Your payment must be made payable to the Maryland Lottery and Gaming Control Agency and sent to the following address:

Maryland Lottery and Gaming Control Agency
ATTN: VLT Licensing Division, Licensing Manager
1800 Washington Blvd., Suite 330
Baltimore, Maryland 21230
ACKNOWLEDGEMENT AND DISCLOSURE

I understand and acknowledge the following:

I am applying for a Maryland video lottery terminal (VLT) license. I cannot be employed in a job that requires a VLT license unless the Maryland Lottery and Gaming Control Commission (The Commission) finds that I meet the legal requirements for licensure. The Commission, through its employees, agents and vendors, is required by law to conduct a background investigation of each applicant for a VLT license.

During the investigation, the Commission is required to collect and evaluate various kinds of information or reports to determine if applicants meet the eligibility requirements for licensure. The background investigation will include information or reports about my: character; general reputation; personal characteristics, including my honesty and integrity; credit worthiness, standing or capacity; criminal record or record of involvement with other litigation. You have the right to request a complete and accurate disclosure of the nature and scope of the investigation and a copy of a summary of your rights under federal credit reporting law.

I am requesting that the Commission, through its employees, agents or vendors, obtain this information about me to evaluate my eligibility for a VLT license. I acknowledge that this disclosure and authorization remain in effect during the time my application is pending and during the time of any VLT license that I may be granted.

________________________________________  _________________________
Signature       Date                   Printed Name
Gaming Employee

License Renewal Form

Read each question carefully. Answer each and every question completely. Do not leave blank spaces. If a question does not apply, write “Does Not Apply” or “N/A.” If the correct answer to a particular question is “None,” write “None.”

All entries on the form must be in ink, and either typed or printed in block lettering. Initials or signatures must be in handwriting by the individual providing the information. If the answers are not legible, the application may not be accepted. Do not misstate or omit any material fact(s). All information is subject to verification. False or misleading information is grounds for the Commission to reject the application, or to suspend or revoke a license.

Today’s Date: _________________

Maryland Gaming License Number: __________________

Current Employer:  ______________________________________

Position / Title:  ______________________________________

Section I
Name and Address

A. Legal Name: ________________________________________________

Last Name   First   Middle

Has your name changed since you last completed a Maryland Lottery and Gaming Control Commission Gaming Employee License Application?

☐ Yes  ☐ No

If Yes, provide the legal name used in your previous Maryland Lottery and Gaming Control Commission Gaming Employee License Application.

__________________________________  ________________________  ________________________

Last Name   First   Middle
If your name has changed provide an explanation for the name change:

____________________________________________________________________

____________________________________________________________________

B. Address:

Has your address changed since you last completed a Maryland Lottery and Gaming Control Commission Gaming Employee License Application?

☐ Yes ☐ No

If Yes, provide your current address and any other addresses used since you last completed a Maryland Lottery and Gaming Control Commission Gaming Employee License Application.

**Current Address:**

____________________________________________________________________

Street Address

____________________________________________________________________

City  County  State  Zip

Dates:  ____________  ____________

From  To

Check One:  ☐ Own  ☐ Rent  ☐ Other

**Mailing Address (If Different):**

____________________________________________________________________

Street Address

____________________________________________________________________

City  County  State  Zip

**Previous Address (es):**

____________________________________________________________________

Street Address

____________________________________________________________________

City  County  State  Zip
Gaming Employee License Renewal Application

Dates: ____________  ____________

From    To

Check One:  □ Own  □ Rent  □ Other

Reason for Move:

________________________________________________________

Previous Address (es):

Street Address

________________________________________________________

City  County  State   Zip

Dates: ____________  ____________

From    To

Check One:  □ Own  □ Rent  □ Other

Reason for Move:

________________________________________________________

Section II
Descriptive Information

A. Social Security Number: _____________________________

B. Date of Birth: ___________________

C. Place of Birth: ________________________________________

City    State / Country

D. Driver’s License: ___________________________  ___________________

Issuing State          License Number

Initials: ___________
Gaming Employee License Renewal Application

E. Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

F. Current Marital Status:
   □ Single   □ Married   □ Separated   □ Divorced   □ Widowed   □ Domestic Partner

G. Are you a United States citizen?  □ Yes □ No
   If No, provide country of citizenship: ______________________________________

H. Do you have an Alien Registration Number?  □ Yes □ No
   If Yes, provide the number: __________________________. You will be required to attach a
color copy of your identification card, front and back, and any documentation of
authorization to be employed in the United States.

I. Current Contact Information:
   Telephone Number(s):   Home _______________ Cell _______________
                         Work _______________ Other _______________
   E-Mail: _____________________@__________________
           _____________________@__________________

Section III
Employment Information

A. Other than your current employer, are you now or have you worked for any other casino,
horse racing or gaming related employers since you last completed a Maryland Lottery and
Gaming Control Commission Gaming Employee License Application?
   □ Yes □ No

   If Yes, provide the other employers information:

   1. Dates of Employment:   __________   __________
                              From   To
                              ____________________________
                              ____________________________
                              Employers Name      Phone Number
                              ____________________________
                              ____________________________
                              Employers Street Address    Supervisors Name

VLT Form 4001 (11/19/13)  Page 9 of 17  Initials: __________
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Reason for Leaving:

2. Dates of Employment: __________  __________
   From __________  To __________

Employers Name

Employers Street Address

Employers City  State  Zip  Title / Position Held

Reason for Leaving:

3. Dates of Employment: __________  __________
   From __________  To __________

Employers Name

Employers Street Address

Employers City  State  Zip  Title / Position Held

Reason for Leaving:

Initials: __________
B. Since you last completed a Maryland Lottery and Gaming Control Commission Gaming Employee License Application have you applied for any permit, license, certificate or registration in connection with any casino, horse racing or gaming related employer in any other jurisdiction?

- ☐ Yes
- ☐ No

If Yes, provide the licensing body(s) information:

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Disposition:  ☐ Granted  ☐ Denied  ☐ Pending  ☐ Withdrawn

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Disposition:  ☐ Granted  ☐ Denied  ☐ Pending  ☐ Withdrawn
C. Since you last completed a Maryland Lottery and Gaming Control Commission Gaming Employee License Application have you had a background investigation completed by any casino, horse racing or gaming related employer in any other jurisdiction?

☐ Yes  ☐ No

If Yes, provide an explanation:

________________________________________________________________________

________________________________________________________________________

D. Since you last completed a Maryland Lottery and Gaming Control Commission Gaming Employee License Application have you been reprimanded, suspended, terminated, or asked to leave (for any reason) by any casino, horse racing or gaming related employer in any other jurisdiction?

☐ Yes  ☐ No

If Yes, provide an explanation:

________________________________________________________________________

________________________________________________________________________

Section IV
Civil, Criminal & Investigative Proceedings

A. Since you last completed a Maryland Lottery and Gaming Control Commission Gaming Employee License Application, have you been:

1. Arrested or charged with any criminal offense in any jurisdiction?
   ☐ Yes  ☐ No

2. A party to a criminal indictment, information or complaint filed against you in any jurisdiction?
   ☐ Yes  ☐ No

3. Named as an unindicted party or unindicted co-conspirator in any criminal proceeding in any jurisdiction?
   ☐ Yes  ☐ No
4. The subject of an investigation conducted by any governmental agency / organization, court, commission, committee, grand jury or other investigative body other than in connection with a traffic summons or gaming licensure?
   □ Yes    □ No

5. Ever received a pardon, or has any governmental agency / organization dismissed, suspended or deferred any criminal investigation or prosecution against you for any criminal offense?
   □ Yes    □ No

6. The subject of a garnishment of wages, earnings or other income has been subject to garnishment, attachment or other similar orders in any jurisdiction?
   □ Yes    □ No

7. The party of a lien or financial judgment filed against you including; child support orders or judgments, federal, state or local tax liens?
   □ Yes    □ No

8. Currently delinquent in any payments to include; child support, taxes, student loans, mortgage, credit cards or any other financial obligations?
   □ Yes    □ No

If Yes to any of the above, provide an explanation:

________________________________________________________________________
________________________________________________________________________
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________________________________________________________________________
Section V
Illegal Use of Controlled Dangerous Substances; Use of Alcohol in the Workplace; Problem Gambling

A. Since you last completed a Maryland Lottery and Gaming Control Commission Gaming Employee License Application have you engaged in the illegal use / abuse of drugs or arrested for such?

□ Yes □ No

B. The use of alcohol by licensees may be prohibited in a VLT facility, and any use of alcohol that adversely affects job performance or conduct maybe the basis for discipline of video lottery employees and revocation or suspension of a VLT license. Does this present a problem for you?

□ Yes □ No

C. Are you a compulsive gambler, or have you ever been voluntarily or involuntarily excluded from any gaming facility?

□ Yes □ No

If Yes to any of the above, provide an explanation:

__________________________________________________________________________
__________________________________________________________________________
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__________________________________________________________________________
AUTHORIZATION FOR RELEASE OF INFORMATION

TO: ________________________________________________________________

(To be filled-in by Commission)

FROM: ________________________________________________________________

(Applicant’s Printed Name)

I, _____________________________________ (printed name), am an applicant for a video lottery terminal license in the State of Maryland.

The Maryland Lottery and Gaming Control Commission, and its employees, agents, and vendors (collectively, “the Commission”), is required by law to conduct an investigation of an applicant for a video lottery terminal license. That investigation requires the Commission to collect and evaluation information about me. By executing this Authorization, I authorize any: local, State or federal government unit; commercial or business enterprise, including a consumer reporting agency; non-profit entity; individual or any other public or private entity to release to the Commission any and all information about me that the Commission requests. The requested information may be released in written, verbal, electronic, or any other form.

With respect to any claims or liability arising from the release of the requested information to the Commission, I expressly waive, release, discharge and forever hold harmless and agree to indemnify, the unit, entity, or individual that releases information to the Commission under the authority of this Authorization.

A photo, facsimile, or electronic copy of this signed and dated Authorization shall be equally effective as an original.

____________________________________   ______________________________
Signature of Applicant       Date

____________________________________
Print Name of Applicant

NOTARY

The undersigned, a Notary Public in and for the County of ______________________, in the State of ______________________, certifies that the above named individual appeared in person, and before me, either known to me or satisfactorily proven to be the individual whose name subscribed to the within instrument and signed the Authorization and Notification.

This _________ day of ______________________, 20_____, and to which witness my hand and seal.

____________________________________
Stamp or Seal

____________________________________
Notary Public

Printed Name

My commission expires _________________, 20____

VLT Form 4001 (11/19/13)  Page 15 of 17  Initials: ___________
AFFIDAVIT OF INDIVIDUAL APPLICANT

I, _____________________________________ (printed name) am an applicant for a video lottery employee license in the State of Maryland. I have read, and understand, every page of this Form. To the best of my knowledge, information, and belief, the information that I have provided on, or attached to, this Form is accurate, complete, and not misleading. I understand that any misrepresentation or omission may lead to the delay or denial of my application for a video lottery terminal (“VLT”) license, and may subject me to civil or criminal liability. I also understand that, if I am issued a license, I remain under an ongoing obligation to comply with all licensing requirements.

By a separate Authorization for Release of Information, I am authorizing any entity or individual that has information about me to release that information to the Maryland Lottery and Gaming Control Commission, and its employees, agents, and vendors (collectively, “the Commission”), for purposes of the Commission’s investigation of my application for a video lottery employee license.

I expressly waive, release, discharge, and forever hold harmless and agree to indemnify, the Commission, the State of Maryland, and their employees, agents, and representatives, from liability for any and all claims or legal action arising from any actions that the Commission or the State of Maryland may take related to the collection of information from any individual or person and the use of that information in connection with investigating my application for a video lottery employee license.

_______________________________________   _____________________________
Signature of Applicant       Date

__________________________________________________
Print Name of Applicant

NOTARY

The undersigned, a Notary Public in and for the County of ______________________, in the State of ______________________, certifies that the above named individual appeared in person, and before me, either known to me or satisfactorily proven to be the individual whose name subscribed to the within instrument and signed the Authorization and Notification.

This _______ day of _________________________, 20_____, and to which witness my hand and seal.

____________________________________
Notary Public

____________________________________
Stamp or Seal

____________________________________
Printed Name

My commission expires _________________, 20_____

VLT Form 4001 (11/19/13)   Page 16 of 17   Initials: ___________
CERTIFICATION OF BUSINESS RELATIONSHIP

LICENSEE: ____________________________________________________________

APPLICANT: ____________________________________________________________

(Applicant’s Printed Name)

I, ______________________________ (printed name), am authorized to complete and execute Business Agreements on behalf of _____________________________ (Licensee Name). The applicant listed above has received at least a conditional offer of employment from the Licensee. The Applicant will have the following job description:

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

__________________________________________   ______________________________
Signature of Licensee Representative      Date

NOTARY

The undersigned, a Notary Public in and for the County of ______________________, in the State of ______________________, certifies that the above named individual appeared in person, and before me, either known to me or satisfactorily proven to be the individual whose name subscribed to the within instrument and signed the Authorization and Notification.

This _________ day of _________________________, 20_____, and to which witness my hand and seal.

__________________________________________
Notary Public

__________________________________________
Stamp or Seal

My commission expires _________________, 20_____

Printed Name

VLT Form 4001 (11/19/13)
Applicant: ________________________________

Non-Gaming Employee

License Renewal Form # 4002
MARYLAND LOTTERY AND GAMING CONTROL COMMISSION
VIDEO LOTTERY NON-GAMING EMPLOYEE LICENSE RENEWAL APPLICATION

I. INDIVIDUALS REQUIRED TO OBTAIN A VIDEO LOTTERY NON-GAMING EMPLOYEE LICENSE:

a. This application **must** be completed by an individual who has received at least a conditional offer of employment from a licensed facility operator, manufacturer or contractor as a video lottery employee, and whose duties, are or will be other than the duties of a gaming employee. A non-gaming employee’s duties do not involve the maintenance or operation of gaming activity or equipment and associated assets, and do not regularly require the individual to work in restricted areas, on the gaming floor, or in any other gaming related functions or activities.

II. COMPLETING THIS FORM:

a. You must make accurate statements and include all material facts. **Any misrepresentation, or the failure to provide requested information, may result in the denial of your application.**

b. Read each question carefully prior to answering. Answer every question completely. Do not leave blank spaces. If a question does not apply to you or you have nothing to disclose, indicate “**Does Not Apply**” in response to that question. Failure to provide a response to every question could result in the denial of your application.

c. If the space available is insufficient to respond to a question, supply the required information on an attachment page and clearly identify which question you are answering.

d. If you make any modification to the pre-printed questions or information contained in this form, your application may be denied. Once your application is submitted, it becomes the property of the Maryland Lottery and Gaming Control Agency and will not be returned.

III. BE SURE:

a. You sign the **Statement and Authorization** at the end of this form in the presence of a notary.

b. You retain a completed copy of your application for your own records.

IV. PHOTOGRAPH AND FINGERPRINTS

a. You will be required to have your photograph taken when your application is made.

b. You will be required to submit fingerprints upon application.
V. NOTICES

a. A Maryland gaming license is a privilege. The burden of proving and maintaining qualifications to receive and hold a non-gaming employee license is at all times on the applicant.

b. Any false statement made in this application will reflect on your character and may result in the denial of your application or, if you receive a license based on a false statement, may result in suspension or revocation of your license.

c. Your ability to obtain or maintain a gaming license in another jurisdiction may be negatively impacted if: (1) the Commission denies your license application; or (2) after you are licensed in Maryland, the Commission takes adverse action against your license.

d. An application for a video lottery employee license may be withdrawn if the: (1) Applicant submits a written request to the Commission to withdraw the application; and (2) Written request is submitted before the Commission has denied the application. COMAR 36.01C(6).

NOTE: A renewal application that has been accepted for filing and all related materials submitted to the Commission shall become property of the Commission and will not be returned to the applicant.

RENEWAL APPLICATION FEES

1. Renewal Fee ................................................................................................................. $ 100.00
2. Fingerprint Processing Fee............................................................................................. $  37.25
Total Amount Due At Application................................................................. $  137.25

* Once approved the renewed license is valid for a five (5) year period.

NOTE: Renewal Application fees are due at the time of application. They are non-refundable and must be in the form of a wire transfer, certified/bank check or money order. Your payment must be made payable to the Maryland Lottery and Gaming Control Agency and be sent to the following address:

Maryland Lottery and Gaming Control Agency
ATTN: VLT Licensing Division, Licensing Manager
1800 Washington Blvd., Suite 330
Baltimore, Maryland 21230
ACKNOWLEDGEMENT AND DISCLOSURE

I understand and acknowledge the following:

I am applying for a Maryland video lottery terminal (VLT) license. I cannot be employed in a job that requires a VLT license unless the Maryland Lottery and Gaming Control Commission (The Commission) finds that I meet the legal requirements for licensure. The Commission, through its employees, agents and vendors, is required by law to conduct a background investigation of each applicant for a VLT license.

During the investigation, the Commission is required to collect and evaluate various kinds of information or reports to determine if applicants meet the eligibility requirements for licensure. The background investigation will include information or reports about my: character; general reputation; personal characteristics, including my honesty and integrity; credit worthiness, standing or capacity; criminal record or record of involvement with other litigation. You have the right to request a complete and accurate disclosure of the nature and scope of the investigation and a copy of a summary of your rights under federal credit reporting law.

I am requesting that the Commission, through its employees, agents or vendors, obtain this information about me to evaluate my eligibility for a VLT license. I acknowledge that this disclosure and authorization remain in effect during the time my application is pending and during the time of any VLT license that I may be granted.

_________________________________  _________________________
Signature   Date    Printed Name
Non-Gaming Employee
License Renewal Form

Read each question carefully. Answer each and every question completely. Do not leave blank spaces. If a question does not apply, write “Does Not Apply” or “N/A.” If the correct answer to a particular question is “None,” write “None.”

All entries on the form must be in ink, and either typed or printed in block lettering. Initials or signatures must be in handwriting by the individual providing the information. If the answers are not legible, the application may not be accepted. Do not misstate or omit any material fact(s). All information is subject to verification. False or misleading information is grounds for the Commission to reject the application, or to suspend or revoke a license.

Today’s Date: ______________

Maryland Non-Gaming License Number: ___________________

Current Employer:  __________________________________

Position / Title:  __________________________________

Section I
Name and Address

A. Legal Name: _______________________________________________________

Has your name changed since you last completed a Maryland Lottery and Gaming Control Commission Non-Gaming Employee License Application?

□ Yes  □ No

If Yes, provide the legal name used in your previous Maryland Lottery and Gaming Control Commission Non-Gaming Employee License Application.

___________________________________________________

Last Name   First   Middle

VLT Form 4002 (11/19/13)  Page 5 of 15  Initials: __________
If your name has changed provide an explanation for the name change:

________________________________________________________________________________________________________________________________________________________

B. Address:

Has your address changed since you last completed a Maryland Lottery and Gaming Control Commission Non-Gaming Employee License Application?

☐ Yes ☐ No

If Yes, provide your current address and any other addresses used since you last completed a Maryland Lottery and Gaming Control Commission Non-Gaming Employee License Application.

**Current Address:**

________________________________________________________________________________________________________________________________________________________

Street Address

________________________________________________________________________________________________________________________________________________________

City   County   State   Zip

Dates:    ____________    ____________

From    To

Check One:  ☐ Own   ☐ Rent   ☐ Other

**Mailing Address (If Different):**

________________________________________________________________________________________________________________________________________________________

Street Address

________________________________________________________________________________________________________________________________________________________

City   County   State   Zip

**Previous Address(es):**

________________________________________________________________________________________________________________________________________________________

Street Address

________________________________________________________________________________________________________________________________________________________

City   County   State   Zip
Section II
Descriptive Information

A. Social Security Number: _________________________________

B. Date of Birth: __________________

C. Place of Birth: __________________
   City  State / Country

D. Driver’s License: ______________   _________________________
   Issuing State   License Number
E. Height: _____  Weight: _____  Hair Color: _____  Eye Color: _____

F. Current Marital Status:

   □ Single  □ Married  □ Separated  □ Divorced  □ Widowed  □ Domestic Partner

G. Are you a United States citizen?

   □ Yes  □ No

   If No, provide country of citizenship: ________________________________

H. Do you have an Alien Registration Number?

   □ Yes  □ No

   If Yes, provide the number: _________________________________. You will be required to attach a color copy of your identification card, front and back, and any documentation of authorization to be employed in the United States.

I. Current Contact Information:

   Telephone Number(s):  Home _______________  Cell _______________

   Work _______________  Other _______________

   E-Mail:  _____________________@__________________

   _____________________@__________________

Section III

Employment Information

A. Other than your current employer, are you now or have you worked for any other casino, horse racing or gaming related employers since you last completed a Maryland Lottery and Gaming Control Commission Non-Gaming Employee License Application?

   □ Yes  □ No

   If Yes, provide the other employers information:

   1. Dates of Employment:  __________  __________

      From  ________________  To  _________________

      Employers Name  Phone Number
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<thead>
<tr>
<th>Employers Street Address</th>
<th>Supervisors Name</th>
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<th>Employers City</th>
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**Title / Position Held**

**Reason for Leaving:**

________________________________________________________________________

2. **Dates of Employment:**

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<th>Employers Name</th>
<th>Phone Number</th>
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<th>Zip</th>
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**Title / Position Held**

**Reason for Leaving:**

________________________________________________________________________

3. **Dates of Employment:**

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**Title / Position Held**

**Reason for Leaving:**

________________________________________________________________________
B. Since you last completed a Maryland Lottery and Gaming Control Commission Non-Gaming Employee License Application have you applied for any permit, license, certificate or registration in connection with any casino, horse racing or gaming related employer in any other jurisdiction?

- □ Yes  □ No

If Yes, provide the licensing body(s) information:

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<th>Licensing Body Name</th>
<th>Date of Application</th>
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<tr>
<th>Street Address</th>
<th>Type of Permit, License, Certificate</th>
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<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Disposition: □ Granted □ Denied □ Pending □ Withdrawn</th>
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</table>
C. Since you last completed a Maryland Lottery and Gaming Control Commission Non-Gaming Employee License Application have you had a background investigation completed by any casino, horse racing or gaming related employer in any other jurisdiction?

☐ Yes ☐ No

If Yes, provide an explanation:


D. Since you last completed a Maryland Lottery and Gaming Control Commission Non-Gaming Employee License Application have you been reprimanded, suspended, terminated, or asked to leave (for any reason) by any casino, horse racing or gaming related employer in any other jurisdiction?

☐ Yes ☐ No

If Yes, provide an explanation:


Section IV
Civil, Criminal & Investigative Proceedings

A. Since you last completed a Maryland Lottery and Gaming Control Commission Non-Gaming Employee License Application, have you been:

1. Arrested or charged with any criminal offense in any jurisdiction? ☐ Yes ☐ No

2. A party to a criminal indictment, information or complaint filed against you in any jurisdiction? ☐ Yes ☐ No

3. Named as an unindicted party or unindicted co-conspirator in any criminal proceeding in any jurisdiction? ☐ Yes ☐ No
4. The subject of an investigation conducted by any governmental agency / organization, court, commission, committee, grand jury or other investigative body other than in connection with a traffic summons or gaming licensure?
   □ Yes  □ No

5. Ever received a pardon, or has any governmental agency / organization dismissed, suspended or deferred any criminal investigation or prosecution against you for any criminal offense?
   □ Yes  □ No

If Yes to any of the above, provide an explanation:

________________________________________________________________________
________________________________________________________________________

Section V
Illegal Use of Controlled Dangerous Substances; Use of Alcohol in the Workplace; Problem Gambling

A. Since you last completed a Maryland Lottery and Gaming Control Commission Non-Gaming Employee License Application have you engaged in the illegal use / abuse of drugs or arrested for such?
   □ Yes  □ No

B. The use of alcohol by licensees may be prohibited in a VLT facility, and any use of alcohol that adversely affects job performance or conduct maybe the basis for discipline of video lottery employees and revocation or suspension of a VLT license. Does this present a problem for you?
   □ Yes  □ No

C. Are you a compulsive gambler, or have you ever been voluntarily or involuntarily excluded from any gaming facility?
   □ Yes  □ No

If Yes to any of the above, provide an explanation:

________________________________________________________________________
________________________________________________________________________
AUTHORIZATION FOR RELEASE OF INFORMATION

TO: ________________________________________________________________

(To be filled-in by Commission)

FROM: ________________________________________________________________

(Applicant’s Printed Name)

I, _____________________________________ (printed name), am an applicant for a video lottery terminal license in the State of Maryland.

The Maryland Lottery and Gaming Control Commission, and its employees, agents, and vendors (collectively, “the Commission”), is required by law to conduct an investigation of an applicant for a video lottery terminal license. That investigation requires the Commission to collect and evaluation information about me. By executing this Authorization, I authorize any: local, State or federal government unit; commercial or business enterprise, including a consumer reporting agency; non-profit entity; individual or any other public or private entity to release to the Commission any and all information about me that the Commission requests. The requested information may be released in written, verbal, electronic, or any other form.

With respect to any claims or liability arising from the release of the requested information to the Commission, I expressly waive, release, discharge and forever hold harmless and agree to indemnify, the unit, entity, or individual that releases information to the Commission under the authority of this Authorization.

A photo, facsimile, or electronic copy of this signed and dated Authorization shall be equally effective as an original.

____________________________________   ______________________________
Signature of Applicant       Date

____________________________________
Print Name of Applicant

NOTARY

The undersigned, a Notary Public in and for the County of ______________________, in the State of ______________________, certifies that the above named individual appeared in person, and before me, either known to me or satisfactorily proven to be the individual whose name subscribed to the within instrument and signed the Authorization and Notification.

This _________ day of ______________________, 20____, and to which witness my hand and seal.

____________________________________
Notary Public

____________________________________
Stamp or Seal

My commission expires _________________, 20____

VLT Form 4002 (11/19/13)   Page 13 of 15   Initials: ___________
AFFIDAVIT OF INDIVIDUAL APPLICANT

I, ________________________________ (printed name) am an applicant for a video lottery employee license in the State of Maryland. I have read, and understand, every page of this Form. To the best of my knowledge, information, and belief, the information that I have provided on, or attached to, this Form is accurate, complete, and not misleading. I understand that any misrepresentation or omission may lead to the delay or denial of my application for a video lottery terminal ("VLT") license, and may subject me to civil or criminal liability. I also understand that, if I am issued a license, I remain under an ongoing obligation to comply with all licensing requirements.

By a separate Authorization for Release of Information, I am authorizing any entity or individual that has information about me to release that information to the Maryland Lottery and Gaming Control Commission, and its employees, agents, and vendors (collectively, "the Commission"), for purposes of the Commission’s investigation of my application for a video lottery employee license.

I expressly waive, release, discharge, and forever hold harmless and agree to indemnify, the Commission, the State of Maryland, and their employees, agents, and representatives, from liability for any and all claims or legal action arising from any actions that the Commission or the State of Maryland may take related to the collection of information from any individual or person and the use of that information in connection with investigating my application for a video lottery employee license.

____________________________________   _____________________________
Signature of Applicant       Date

__________________________________________________
Print Name of Applicant

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This _________ day of ______________________, 20_____, and to which witness my hand and seal.

____________________________________
Notary Public

____________________________________
Stamp or Seal

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Printed Name

My commission expires _________________, 20_____

VLT Form 4002 (11/19/13)  Page 14 of 15  Initials: _________
CERTIFICATION OF BUSINESS RELATIONSHIP

LICENSEE: ________________________________________________________________

APPLICANT: ________________________________________________________________

(Applicant’s Printed Name)

I, __________________________________ (printed name), am authorized to complete and execute Business Agreements on behalf of _____________________________ (Licensee Name). The applicant listed above has received at least a conditional offer of employment from the Licensee. The Applicant will have the following job description:

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

__________________________________________   ______________________________
Signature of Licensee Representative      Date

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______________________________   ______________________________
Notary Public      Printed Name

My commission expires _________________, 20_____

VLT Form 4002 (11/19/13)   Page 15 of 15

Initials: ___________