



Transfer/Rehire Request Form

Last Name:

First Name:

License Number:

Current/Prior Facility:

Current/Prior Position:

New Facility/Transferring To:

New Position:

Effective Date of Transfer/Rehire

Rehire:

YES

NO

Employee Fingerprinted:

YES

NO

Who Has Possession Of License:

New License Requested:

YES

NO

Will this employee be working at multiple locations:

If Yes, which locations

YES

NO

Human Resources Authorization:

Date:

COMPLETED BY MLGCA OFFICE

Date Form Received

Applicant ID #

Case ID #

Date Fingerprinted

Check if N/A

N/A

Replacement License Issued

YES

NO

CCU and MD Judiciary Verified

YES

NO

Approved By:

DATE

AUTHORIZATION FOR RELEASE OF INFORMATION

TO: _____
(To be filled-in by Commission)

FROM: _____
(Applicant's Printed Name)

I am an applicant for a video lottery employee license in the State of Maryland.

The Maryland State Lottery Commission is required by law to conduct an investigation of an applicant for a video lottery employee license. That investigation requires the Commission to collect and evaluate information about me. I irrevocably give consent to the Maryland State Lottery Commission, the Video Lottery Facility Location Commission, the Maryland State Police, and persons authorized by the Commission, to: (1) verify all information provided in the license application documents; (2) conduct a background investigation of me; and (3) to have access to any and all information that I have provided to any other jurisdiction seeking a similar license in that jurisdiction, as well as the information obtained by that other jurisdiction during the course of any investigation that it may have conducted about me.

By executing this Authorization, I authorize any: local, State or federal government unit; commercial or business enterprise; 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____

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
(If electronic no signature required)

Date

Printed Name

Title

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

My Commission expires _____, 20____

Printed Name

***NOTE:** If Application is filed electronically, through the licensee facility directly to LOTTERY, notarization is not required.