



**NEVADA GAMING COMMISSION**  
**APPLICATION FOR ENROLLMENT AS AN AGENT**

**(Pursuant to NGC Regulation 10.040)**

**PERSONAL INFORMATION**

**(Please Print)**

**Name:** \_\_\_\_\_  
Last Name, First Name Middle Initial

**Home Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Enrolled Person recommending you for enrollment\*:**

**Name:** \_\_\_\_\_  
Last Name, First Name, Middle Initial

**Name of Firm or Business of Recommending Person:** \_\_\_\_\_

**Note: Only natural persons may enroll to practice before the Gaming Control Board or Nevada Gaming Commission**

**\*pursuant to NGC Regulation 10.030(2)**

Form 19 – Enrollment as an Agent (Regulation 10)

Revised 5/11