

**STATE GAMING CONTROL BOARD
INDEPENDENT AGENT ANNUAL REPORT
(Due on or before July 15)**

INSTRUCTIONS: This form must be filed annually by July 15. Only one form per independent agent is required regardless of the number of casino registrations.

If you do not have any Secondary Representatives as defined in Section B, check the box below and complete Section A only. Be sure to sign the form and have it notarized. **I do not have any Secondary Representatives at this time**

A. INDEPENDENT AGENT INFORMATION:

Name _____
Last (Family) First (Given) Middle

Business Name/Address _____
Street Number and Name/City/State/Country/Zip Code

Social Security Number or Country and Passport Number _____

B. SECONDARY REPRESENTATIVE INFORMATION:

1. Name _____
Last (Family) First (Given) Middle

Home Address _____
Street Number and Name/City/State/Country/Zip Code

Date of Hire/Position _____ Duties _____

Social Security No. or Country and Passport No. _____ Date of Birth _____

2. Name _____
Last (Family) First (Given) Middle

Home Address _____
Street Number and Name/City/State/Country/Zip Code

Date of Hire/Position _____ Duties _____

Social Security No. or Country and Passport No. _____ Date of Birth _____

3. Name _____
Last (Family) First (Given) Middle

Home Address _____
Street Number and Name/City/State/Zip Code

Date of Hire/Position _____ Duties _____

Social Security No. or Country and Passport No. _____ Date of Birth _____

****PLEASE USE AN ADDITIONAL SHEET, IF NECESSARY, TO LIST ALL SECONDARY REPRESENTATIVES****

I, _____, being duly sworn, deposes and says that the above statements are true and correct to the best of my knowledge and belief and this statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for refusal to issue or revocation of a State Gaming License. Further, that I am voluntarily submitting this filing under oath with the full knowledge that the Gaming Control Act (NRS 463.140(5)) provides "any person making false oath in any matter before either the Board or Commission is guilty of perjury."

STATE OF _____

COUNTY OF _____

SUBSCRIBED AND SWORN TO BEFORE ME

THIS _____ DAY OF _____, _____

} ss.

Signature of Independent Agent

(Seal, if any)

Signature of Notarial Officer