

**PERSONAL HISTORY RECORD  
FOR REGISTRATION RENEWAL AS AN INDEPENDENT AGENT**

Date \_\_\_\_\_

**GENERAL INSTRUCTIONS**

Type an answer to every question. If a question does not apply to you, so state with *N/A*. If space available is insufficient, continue on supplemental page or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his/her initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this Personal History Record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or call forward for finding of suitability regarding the applicant.

All applicants are further advised that an application for filing as an independent agent, finding of suitability, or for other action may not be withdrawn without the permission of the licensing agency.

**1. GENERAL INFORMATION**

Which casino are you renewing through? \_\_\_\_\_

Name of Independent Agent's Company (if applicable) \_\_\_\_\_

**2. PERSONAL INFORMATION**

Last Name (Surname)	First Name (Given Name)	Middle Name
---------------------	-------------------------	-------------

Alias(es), Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise  
\_\_\_\_\_

Home Address (Street #, Street Name, City, State, Country, Zip Code):  
\_\_\_\_\_

Present Business Name/Address  
\_\_\_\_\_

Date of Birth	Place of Birth	US Social Security #	Passport # & Country (If No SSN)
---------------	----------------	----------------------	----------------------------------

Telephone Numbers: (Area/Country Code) and Number Residence: (_____) _____ Business: (_____) _____ Cellular: (_____) _____ Fax: (_____) _____	E-mail Address (Required) _____ Company Web Address _____
---	--

Country of citizenship \_\_\_\_\_ If a non-U.S. citizen, Registration No. \_\_\_\_\_

If naturalized U.S. citizen, Certificate No. \_\_\_\_\_ Date \_\_\_\_\_

Place \_\_\_\_\_ (If Naturalized, document must be verified.)

**3. MARITAL INFORMATION**

Single  Married  Separated  Divorced  Widowed  Engaged  Life Partner

**A. Current Marriage:**

Date of Marriage	Place of Marriage (City/County/State/Country)		
Spouse's/Partner's Full Name	Social Security #:	Passport # & Country (If No SSN):	
Date of Birth	Telephone Residence (____) _____	Business (____) _____	
Spouse's Employer		Occupation	

**B. Previous Marriages:** If ever legally separated, divorced, or annulled in the last 5 years, indicate below:

Name of Spouse	Date of Order or Divorce Decree	Date and Place of Marriage	Nature of Action	City/County/State

**4. ARREST INFORMATION**

**Arrests, Detentions and Litigations: (List all arrests regardless of disposition, expunged or sealed.)**

A. In the past five (5) years, have you been arrested, detained, charged, indicted, or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except **minor** traffic citations.)  
 Yes  No

Date of Arrest	Age	Charge	Location – City and State	Disposition and Date	Arresting Agency

**\*\*International Applicants must submit a Certificate of Non-Criminal Conviction with this form.**

B. In the past five (5) years, has a criminal indictment, information, or complaint been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes  No  If yes, furnish details.

\_\_\_\_\_

\_\_\_\_\_

C. In the past five (5) years, have you been questioned or deposed by a city, state, federal, or law enforcement agency, commission or committee? Yes  No

D. In the past five (5) years, have you been subpoenaed to appear or testify before a federal grand jury or commission?  
 Yes  No

**ARREST INFORMATION – Continued**

E. In the past five (5) years, have you had a civil or criminal record expunged or sealed by a court order? Yes  No

If yes, when?: \_\_\_\_\_ city, county, and state \_\_\_\_\_

F. In the past five (5) years, have you received a pardon for any criminal offense? Yes  No

If yes, when?: \_\_\_\_\_ city, county, and state \_\_\_\_\_

G. In the past five (5) years, has any member of your family or of your spouse's family been convicted of a felony?

Yes  No

If yes, complete the following:

Name	Relationship	Date	Charge	Location

H. In the past five (5) years, have you, as an individual, member of a partnership, or owner, director, or officer of a corporation or LLC, been a party to a lawsuit or arbitration as either a plaintiff or defendant? Yes  No  (Other than divorces.)

If yes, give details below.

Date Filed	Description of Lawsuit	Court and Case Number	City, County, and State	Disposition/Date

**If your answer to any of the above questions (A through H) is yes, furnish details and provide copy of complaint.**

**5. BANKRUPTCY**

A. In the past five (5) years, have you filed for bankruptcy?

Yes  No

If yes, provide a copy of the bankruptcy filing and subsequent discharge.

Date of Bankruptcy	Location of Filing	Date of Discharge

**6. RESIDENCES**

**Beginning with your current residence, list all residences you have had for the last five (5) years:**

Month and Year (From – To)	Street and Number	City	State or Country
-			
-			
-			
-			

**7. EMPLOYMENT**

A. Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment for the past five (5) years.

Month and Year (From – To)	Name/Mailing Address/Type of Business/Phone Number		Reason for Leaving
-			
Title	Description of Duties	Name of Supervisor/Title	Gaming Present: Yes <input type="checkbox"/> No <input type="checkbox"/>
Month and Year (From – To)	Name/Mailing Address/Type of Business/Phone Number		Reason for Leaving
-			
Title	Description of Duties	Name of Supervisor/Title	Gaming Present: Yes <input type="checkbox"/> No <input type="checkbox"/>
Month and Year (From – To)	Name/Mailing Address/Type of Business/Phone Number		Reason for Leaving
-			
Title	Description of Duties	Name of Supervisor/Title	Gaming Present: Yes <input type="checkbox"/> No <input type="checkbox"/>
Month and Year (From – To)	Name/Mailing Address/Type of Business/Phone Number		Reason for Leaving
-			
Title	Description of Duties	Name of Supervisor/Title	Gaming Present: Yes <input type="checkbox"/> No <input type="checkbox"/>
Month and Year (From – To)	Name/Mailing Address/Type of Business/Phone Number		Reason for Leaving
-			
Title	Description of Duties	Name of Supervisor/Title	Gaming Present: Yes <input type="checkbox"/> No <input type="checkbox"/>

**8. CHARACTER REFERENCES**

List three (3) character references who have known you five (5) years or more. Do not include relatives, present employer, or employees.

Name and Employer	Street, City, State, Country, Zip Code	Telephone	Years Known
Name	Home	( ) _____	
Employer	Business	( ) _____	
Name	Home	( ) _____	
Employer	Business	( ) _____	
Name	Home	( ) _____	
Employer	Business	( ) _____	

**9. List all jurisdictions OUTSIDE the State of Nevada where you have been registered or licensed as an Independent Agent in the last five (5) years.**

---



---



---

**10. In the past five (5) years, have you held a privileged or professional license in any state, including but not limited to the following:**

- |                                |                 |                           |                   |           |
|--------------------------------|-----------------|---------------------------|-------------------|-----------|
| Liquor                         | Lawyer          | Race horse/race dog owner | Securities dealer | Insurance |
| Real estate broker or salesman | Doctor          | Jockey                    | Contractor        | Gaming    |
| Accountant                     | Boxing promoter | Trainer or manager        | Pilot             |           |
- Yes  No

If yes, state type, where, dates held, and the nature of any disciplinary actions taken against you:

---

---

**11. In the past five (5) years, have you held a financial interest in a gambling venture, including a race track, dog track, race horse or dog, lottery, casino, bookmaking operation, or pari-mutuel operation, OUTSIDE the State of Nevada?**

Yes  No

A. If yes, state when and where and give names and locations of the businesses in which you were involved and the names and addresses of all partners.

---

---

B. In the past five (5) years, have you appeared before any licensing agency or similar authority in or outside the State of Nevada, for any reason whatsoever? Yes  No

If yes, submit details.

---

---

---

**12. In the past five (5) years, have you been refused a gaming or liquor license or related finding of suitability or been a participant in any group which has been denied a gaming or liquor license or related finding of suitability?**

Yes  No

If yes, state where, when, and for what reason.

---

---

---

**13. Do you have any relatives associated with or employed in the gaming or liquor industry?**

Yes  No

If yes, state name, relationship, and association or employment.

---

---

**14. Are you currently indebted to a gaming licensee?**

Yes  No

If yes, describe the nature of the debt and the amount.

---

---

**15. Have you had any personal indebtedness to a gaming licensee written off in the past five (5) years?**

Yes  No

If yes, describe the nature of the write-off and the amount.

---

---

---

**ATTACH PHOTOGRAPH  
TAKEN WITHIN LAST 30  
DAYS HERE**

STATE OF \_\_\_\_\_ }  
COUNTY OF \_\_\_\_\_ } ss.

I, \_\_\_\_\_, (Registrant's Name) being duly sworn, depose and say that I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; **that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a state gaming license;** that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 463.140(5) provides "any person making false oath in any matter before either the Board or Commission is guilty of perjury."; and, further, that I have familiarized myself with the contents of the Nevada Gaming Control Act, as amended, and the Regulations of the Nevada Gaming Commission as promulgated thereunder and agree, if licensed, to abide thereby.

I hereby expressly waive release, and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall, or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a gaming license in the State of Nevada.

\_\_\_\_\_  
Signature of Registrant

SUBSCRIBED AND SWORN TO BEFORE ME

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

(SEAL/STAMP)

**CERTIFICATION OF FORM**

Nevada Gaming Regulation 10.010 requires that every attorney, certified public account, or other agent who prepares this document on behalf of the registrant be properly enrolled with the Commission. Regulation 10.110 requires any such representative to certify such document. If this document was prepared by such a representative, please have that person complete the following:

I, \_\_\_\_\_, (Representative's Name) do hereby certify that I am enrolled to practice before the Nevada Gaming Commission and am fully knowledgeable of my responsibilities under Regulation 10. I further certify that I have prepared this document on behalf of the registrant in conformity with the Nevada Gaming Control Act and the Regulations of the Nevada Gaming Commission.

\_\_\_\_\_  
(Signature of Attorney, C.P.A. or Agent)

\_\_\_\_\_  
(Business Address)

\_\_\_\_\_  
(Telephone)

**ADDITIONAL INFORMATION**