

NEVADA GAMING COMMISSION
APPLICATION FOR ENROLLMENT AS AN AGENT
(Pursuant to NGC Regulation 10.040)

Name _____
Last First M.I.

Home Address _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Mailing Address _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Date of Birth _____

Social Security Number _____

Enrolled Person recommending you for enrollment: (Pursuant to NGC Regulation 10.030)

Name _____
Last First M.I.

Name of Firm or Business of Recommending Person:

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

APPLICANT _____
Signature

STATE OF _____

COUNTY OF _____ (SS)

SIGNED AND SWORN TO (OR AFFIRMED) BEFORE ME ON

THIS _____ DAY OF _____, _____ By _____
Name of Applicant

SIGNATURE OF NOTARY PUBLIC

MY COMMISSION EXPIRES _____

(SEAL)