

Nevada Gaming Control Board

***** Gaming Employee Registration (GER) Hearing Request *****

Name: _____

Email: _____

NOTE: The default and preferred method of communications with the Hearings Office will be by email, using the email above.

Address: _____ Apt/Suite # _____

City, State, Zip: _____

Phone Number: _____

Email: _____

Social Security Number: _____ - _____ - _____

Case Number (if known): _____

I am requesting a hearing to reconsider the objection to my registration as a gaming employee in Nevada.

X _____
Signature

You can leave the form with the reception, email a scanned copy, or mail the form:

Address:	<u>Las Vegas</u> Nevada Gaming Control Board Attn: Hearings Officer 555 East Washington Ave. #2600 Las Vegas, NV 89101	<u>Carson City</u> Nevada Gaming Control Board Attn: Hearings Officer P.O. Box 8003 Carson City, Nevada 89702
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Email: GCBhearingsadmin@gcb.nv.gov

Webpage: gaming.nv.gov/index.aspx?page=346