

**Nevada Gaming Control Board**

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

**Name:** \_\_\_\_\_

**List any prior names used:** \_\_\_\_\_

**Email:** \_\_\_\_\_

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

**Address:** \_\_\_\_\_ **Apt/Suite #** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Last 4 Digits of Social Security Number:** XXX - XX - \_\_\_\_\_

**Year of Birth only:** \_\_\_\_\_

**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 desk, e-mail a scanned copy, or mail the form to:

**Address:** Las Vegas Office  
Nevada Gaming Control Board  
Office of the Hearing Examiner  
7 State of Nevada Way  
Las Vegas, NV 89119

Carson City Office  
Nevada Gaming Control Board  
Office of the Hearing Examiner  
P.O. Box 8003  
Carson City, Nevada 89702

**Email:** [GCBhearingsadmin@gcb.nv.gov](mailto:GCBhearingsadmin@gcb.nv.gov)

**Webpage:** <https://gaming.nv.gov/divisions/administration/hearings/>