



New Mexico Key  
& Affiliated  
Person Renewal  
Application

**(EFFECTIVE NOVEMBER 1, 2016)**

New Mexico Gaming Control Board

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4900 Alameda Blvd. NE  
Albuquerque, NM 87113  
Phone: (505) 841-9700  
Fax: (505) 841-9725  
web: [www.nmgcb.org](http://www.nmgcb.org)

# Renewing Your Key & Affiliated Person Certification

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## OBTAIN YOUR APPLICATION

Applications can be obtained from:

4900 Alameda Blvd. NE  
Albuquerque, NM 87113

Or downloaded from website at:  
[www.nmgcb.org](http://www.nmgcb.org)

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## FILL OUT YOUR APPLICATION

Items you must provide include, but are not limited to:

- Application forms (*completed with notarized signature*)
- Photocopy of official valid ID (*driver's license or state-issued identification card*)
- Cogent Proof of Fingerprint Receipt or Registration Receipt for Hardcards \*;
- Photograph of applicant (*in duplicate*) (*NO SCANNED IMAGES*)
- Supporting documentation as specified in the attached Application
  
- The Board reserves the right to request additional information if necessary to complete your background investigation.
  
- \$75 NMGCB Fee for a three-year Universal Gaming Key Certification.

• **Attach ALL Required Documentation**

**\*INCOMPLETE APPLICATIONS MAY NOT BE ACCEPTED!**

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## SUBMIT YOUR APPLICATION

Deliver to:

New Mexico Gaming Control Board  
4900 Alameda Blvd. NE  
Albuquerque, NM 87113

Make check or money order payable to **New Mexico Gaming Control Board**

Payment for Cogent Fingerprinting Services will not be accepted.

\* Please refer to Administrative Rule 15.1.5.23 NMAC for applicable fees



NEW MEXICO GAMING CONTROL BOARD  
**KEY & AFFILIATED PERSON  
RENEWAL APPLICATION FORM**  
**(EFFECTIVE NOVEMBER 2016)**

Licensee's Printed Name (Last, First, Middle)			Email Address	
Physical Home Address		City	State	Zip
Mailing Address (If different from physical address)		City	State	Zip
Date of Birth	Social Security #	Driver's License/ State ID #	Contact Phone #	Work Phone #
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common-Law <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed				
Name of Establishment(s) Currently Work For:				Entity License #
Phone	Job Title	Supervisor's Name		Start/Effective Date
Name of Establishment(s) Request to Register for:				Entity License #
Phone	Job Title	Supervisor's Name		Start/Effective Date

**Please respond to all of the questions by checking the appropriate box. The Board reserves the right to require additional information in connection with this renewal application.**

**NOTE: YOU MUST COMPLETE THE TWO AUTHORIZATION FORMS.**

1. Have you previously held a work permit issued by the New Mexico Gaming Control Board, other than the one you currently possess? (Example: You may have changed employment from one gaming licensed entity to another.) If YES, update employer(s) on Page 12 of 19.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Since licensure or last renewal, have you been delinquent in the filing of any tax return or in the payment of any taxes, interest, or penalties due to any taxing agency? If YES, attach an explanation and all applicable documentation to Page 11 of 19.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Since licensure or last renewal, have you been delinquent in the payment of any judgments filed against you, in the payment of any child support, or in the repayment of any loan? If YES, attach an explanation of all applicable documentation to Page 15 of 19.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. Since licensure or last renewal, have you been served with a criminal summons, arrested, charged, or convicted of any misdemeanor or felony offense? If YES, attach an explanation and all documentation to Page 18 of 19.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5. Since licensure or last renewal, have you been arrested, or convicted of any serious driving offence license, including DWI, reckless driving, leaving the scene of an accident (hit and run), driving under suspension or revocation, or any other offense which resulted in you being taken into police custody? If YES, attach an explanation and all documentation to Page 18 of 19.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6. Since licensure or last renewal, have you applied for any other gaming related licenses, permits, or other authorization? Have you had any such permits denied, revoked, or subjected to disciplinary action? If YES, attach an explanation and all documentation to Page 12 of 19.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7. Are you related to any other person licensed by the New Mexico Gaming Control Board or anyone licensed at the entity you are applying? If YES, attach name of person, relationship, and entity to Page 12 of 19.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8. Since last renewal, have you as an individual or principal of any form of business entity, owner, officer or director of a corporation ever filed a bankruptcy petition? If YES, attach an explanation and all documentation to Page 13 of 19.	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**FOR AGENCY USE ONLY**

Key & Affiliated Renewal Fee.....\$75.00	<input type="checkbox"/> Check # _____	Application Control #	Universal Control #	Entity Control #
	<input type="checkbox"/> Money Order # _____			

**STATEMENT OF ASSETS & LIABILITIES**

AS OF (date) \_\_\_\_\_

List all assets, both tangible and intangible, and all liabilities on the appropriate line below. Enter the amount as of the date of this statement.

**ASSETS**

**CURRENT ASSETS**

Cash on Hand..... \$ \_\_\_\_\_  
 Cash in Banks ..... \$ \_\_\_\_\_  
 Accounts and Notes Receivable ..... \$ \_\_\_\_\_

**INVESTMENTS**

Stocks and Bonds..... \$ \_\_\_\_\_  
 Business Investments ..... \$ \_\_\_\_\_

**FIXED ASSETS**

Real Estate..... \$ \_\_\_\_\_

**OTHER ASSETS**

..... \$ \_\_\_\_\_  
 ..... \$ \_\_\_\_\_

**TOTAL ASSETS**..... \$ \_\_\_\_\_

**LIABILITIES**

**CURRENT LIABILITIES** (debts due and payable within one year)

Accounts Payable (credit cards, etc.)..... \$ \_\_\_\_\_  
 Taxes Payable..... \$ \_\_\_\_\_

**LONG TERM LIABILITIES** (debts due and payable in more than one year)

Loans\*..... \$ \_\_\_\_\_  
 ..... \$ \_\_\_\_\_  
 Other Liabilities..... \$ \_\_\_\_\_

**TOTAL LIABILITIES**..... \$ \_\_\_\_\_

**NET WORTH**..... \$ \_\_\_\_\_

**\*LIST NON-INSTITUTIONAL LOANS ONLY** on a separate sheet. Institutional loans can be shown in total and do not have to be itemized.

Applicant's Printed Name (Last, First, Middle) \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_



# CERTIFICATION

I, Applicant's Printed Name, acknowledge, understand and agree that by applying for and accepting any license, certification, registration, renewal, finding of suitability, or other approval (each a "License") from the New Mexico Gaming Control Board ("Board"), I am certifying to the Board that:

1. I have read the Gaming Control Act, Sections 60-2E-1 through 60-2E-61 NMSA 1978 ("Act") and administrative rules, plans and policies adopted or approved by the Board (collectively "Rules" New Mexico Administrative Code 15.1 et seq.)<sup>1</sup>, and I understand and will implement the requirements including changes of the Act and Rules.
2. I have read the minimum internal controls established or approved by the Board for use by the gaming operator licensee ("Licensee") for which I am a key person, and I understand and will implement the requirements of the minimum internal controls.
3. I have read the compulsive gambling assistance plan required by the Act and Board rules and approved by the Board for use by the Licensee, and I understand the requirements of the compulsive gambling assistance plan.
4. I understand and agree that, as a key person, I am responsible for the Licensee's compliance with the Act and Rules including, where applicable to my job duties, the minimum internal controls and compulsive gambling assistance plan. I understand that I am obligated to report any violations of the Act or Rules to the NMGCB.
5. I am signing this Certification with the knowledge that the Licensee and I will be subject to disciplinary action, including fines and/or revocation or suspension of the License, for failure to comply with the Act or Board rules including, where applicable to my job duties, requirements of the minimum internal controls and compulsive gambling assistance plan.

Printed Full Legal Name (Last, First, Middle) \_\_\_\_\_

Signature (Must be notarized by notary public) \_\_\_\_\_ Date: \_\_\_\_\_

State of \_\_\_\_\_ )

County of \_\_\_\_\_ )

Subscribed and sworn to before me by \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ .

My commission expires: \_\_\_\_\_ Signed: \_\_\_\_\_

Notary Public

[SEAL]



## AFFIRMATION & CONSENT

I, Applicant's Printed Name, state under penalty of perjury that the entire Key & Affiliated Person Application Form, statements, attachments, and supporting schedules are true and correct to the best of my knowledge and belief, and that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for the refusal to issue a certification of finding of suitability by the State of New Mexico. Further, I am aware that later discovery of an omission or misrepresentation made in the above statements may be grounds for the denial or revocation of a gaming certification. I am voluntarily submitting this application to the New Mexico Gaming Control Board under oath with full knowledge that I may be charged with perjury or other crimes for intentional omissions and misrepresentations pursuant to New Mexico law. I further consent to any background investigation necessary to determine my present and continuing suitability and that this consent continues as long as I hold a New Mexico Gaming certification, and for 90 days following the expiration or surrender of such gaming certification. I also agree that the State of New Mexico, its agents, officers and assigns, shall be entitled to collect from me all expenses it incurs in processing this Key and Affiliated Person Application Form. If I fail to pay all the expenses incurred by the State for processing this Key and Affiliated Person Application Form, I agree that the State shall be entitled to recover from me any expenses incurred in pursuing its legal remedies, including, but not limited to, reasonable attorneys fees and costs.

My obligation and responsibilities under the Act and Rules continue so as long as I am in possession of a Findings of Suitability.

Further, I Printed Full Legal Name, affirm that having a findings of suitability is a privilege and I have no property ownership interest in a finding of suitability.

Signature (Must be notarized by notary public) \_\_\_\_\_ Date: \_\_\_\_\_

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ )

Subscribed and sworn to before me by \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ .

My commission expires: \_\_\_\_\_ Signed: \_\_\_\_\_  
Notary Public

[SEAL]



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# APPLICANT'S INVESTIGATION AUTHORIZATION -AND- REQUEST TO RELEASE INFORMATION

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1. I/We, Applicant's Printed Name, hereby authorize the New Mexico Gaming Control Board or its designee ("collectively, "Board") to conduct a complete investigation into my/our personal background, using whatever legal means they deem appropriate. I/We hereby waive any rights of confidentiality in this regard.
2. I/We hereby authorize and request a review, full disclosure, and release of any and all information, materials, and documents concerning me/us requested by the New Mexico Gaming Control Board ("Board"), its agents, or employees, whether the information, materials, and documents are of a public, private, or confidential nature and whether the information, materials, and documents would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.
3. I/We understand that by signing this request, a financial records check will be conducted. I/We authorize any financial institution, financial services company and/or credit reporting agency to release to the Board, its agents, or employees, a complete and accurate record of my/our financial transactions, including but not limited to internal banking memoranda, past and present loan applications, checking account records, savings deposit records, safe deposit box records, securities transactions, credit reports and any other documents relating to my/our personal or business financial records in whatever form and wherever located.
4. I understand that by signing this authorization, a criminal history check will be performed. I authorize the Board to obtain, maintain, and use from any source, any information concerning me contained in any type of criminal history record files, wherever located. I understand that the criminal history record files contain records of arrests that may have resulted in a disposition other than a finding of guilt (i.e., dismissed charges, or charges that resulted in a not guilty finding.) I understand that the information may contain listings of charges that resulted in suspended imposition of sentence, even though I successfully completed the conditions of said sentence and was discharged pursuant to law. I authorize the release of this type of information, even though this record may be designated as "confidential" or "nonpublic" under the provisions of state or federal law.
5. I/We authorize the Board, its agents, or employees to determine the persons or entities to whom this Request is to be presented.
6. I/We understand that the Board, its agents, or employees will conduct a complete and comprehensive investigation to determine the validity of all information gathered. The Board, the State of New Mexico, and the agents and employees of either, will not be held liable for inaccurate information.
7. If this Request is not sufficient to obtain access to certain records, I/we understand that I/we may be asked to sign another appropriate authorization or release and that any failure to do so may be taken into consideration by the Board, its agents, or employees in reviewing my/our application.
8. I/We understand that I/we may revoke this Request in writing at any time and that the Board, its agents, or employees may take the revocation into consideration in reviewing my/our application.
9. Upon receipt by the Board of a written request indicating an application in another jurisdiction for a gaming related license or permit, I/we consent to the disclosure of confidential information compiled by the Board in connection with my Board application to any law enforcement or any regulatory agency in that other jurisdiction, including any other state, the government of the United States, foreign country or Indian Tribe.
10. This authorization, information in the application, and fingerprints will be used to check the criminal history records of the FBI. If you believe any of the information in the FBI report is incomplete or inaccurate, you can apply to change, correct or update the FBI identification record. The procedure to do this is set forth in Title 28, C.F.R. §16.34. In the event you choose to engage in this process, upon written notice to the Licensing Division of the NMGCB, you will be given a reasonable amount of additional time before a decision is made concerning your application.

**APPLICANT'S INVESTIGATION AUTHORIZATION  
 -AND-  
 REQUEST TO RELEASE INFORMATION  
 (continued)**

11. I/We hereby release, waive, discharge, and agree to hold harmless, and otherwise waive liability as to the State of New Mexico, the Board, and other agents or employees of the State of New Mexico for any damages resulting from any collection, use, disclosure, or publication in any manner, of any material or information acquired during inquiries, investigations, or hearings. I/We hereby authorized the lawful use, disclosure, or publication of this material or information so long as any disclosure is consistent with the confidentiality provisions of the Gaming Control Act and applicable Board rules. If this Authorization and Release is presented to another gaming regulatory agency in any State in which I/We have been granted a permit, license, privilege or any similar authority, I/We hereby authorize and direct that any duly authorized agent or employee of the New Mexico Gaming Control Board be permitted to review and obtain copies of any and all documents, records, or correspondence contained in any licensing file. I/We hereby authorize said agency, to make full and complete disclosure of any and all information including, but not limited to, complaints filed against me, disposition thereof, imposition of discipline, whether private or public, as well as such other information on file or available concerning me. I/We hereby release, waive, discharge, and agree to hold harmless, and otherwise waive liability as to those gaming regulatory agencies that provide any such information to the New Mexico Gaming Control Board.
12. I/We do, for myself/ourselves, my/our heirs, executors, administrators, successors, and assigns, hereby release the providers of the information collected pursuant to this Request, and their agents and employees, from any and all liability arising out of or by reason of complying with this Request.
13. A photocopy of this Request will be considered as valid and effective as the original.

Printed Full Legal Name (Last, First, Middle) \_\_\_\_\_

Signature (Must be notarized by notary public) \_\_\_\_\_ Date: \_\_\_\_\_

Spouse's Printed Full Legal Name (Last, First, Middle) \_\_\_\_\_

Spouse's Signature (Must be notarized by notary public) \_\_\_\_\_ Date: \_\_\_\_\_

State of \_\_\_\_\_ )

County of \_\_\_\_\_ )

Subscribed and sworn to before me by \_\_\_\_\_ and \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ .

My commission expires: \_\_\_\_\_ Signed: \_\_\_\_\_

[SEAL]

Notary Public





## PHOTOGRAPH OF APPLICANT

AFFIX TWO, 2" X 2" COLOR PHOTOGRAPHS THAT WERE TAKEN WITHIN THE PAST SIX MONTHS. PRINT YOUR NAME ON THE FRONT BOTTOM BORDER OF THE PHOTOGRAPH BEFORE ATTACHING IT.

IF YOU ARE PROVIDING A DIGITAL IMAGE, ATTACH CD WITH YOUR NAME PRINTED ON THE DISC, OR SUBMIT BY EMAIL TO:  
GCB-LICENSING@STATE.NM.US

**IMPORTANT:**  
**FAILURE TO ANSWER ANY QUESTION COMPLETELY AND TRUTHFULLY OR TO ATTACH REQUIRED DOCUMENTATION ON THIS FORM WILL RESULT IN DENIAL OF YOUR APPLICATION.**

Initials: \_\_\_\_\_ Date: \_\_\_\_\_



## PHOTO ID

AFFIX A COLOR COPY OF YOUR  
VALID DRIVERS LICENSE OR  
STATE-ISSUED  
IDENTIFICATION CARD

**IMPORTANT**  
**FAILURE TO ANSWER ANY QUESTION ON**  
**THIS FORM COMPLETELY AND**  
**TRUTHFULLY WILL RESULT IN DENIAL OF**  
**YOUR APPLICATION.**

**Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## TAX RETURNS

Affix the 3 most recent years of Tax Returns, both Federal and State. Electronic copies of your tax returns are preferred and can be provided on a disc.

If you are not required to file, please provide the reason in writing and affix here.

**IMPORTANT:  
FAILURE TO ANSWER ANY QUESTION  
COMPLETELY AND TRUTHFULLY OR TO  
ATTACH REQUIRED DOCUMENTATION ON  
THIS FORM WILL RESULT IN DENIAL OF YOUR  
APPLICATION.**

**Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## GAMING LICENSURE

Affix a listing of Work Permits,  
or Registrations if you work for  
other licensed gaming  
operator(s).  
(If applicable)

**IMPORTANT  
FAILURE TO ANSWER ANY QUESTION ON THIS  
FORM COMPLETELY AND TRUTHFULLY  
WILL RESULT IN DENIAL OF YOUR  
APPLICATION.**

**Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## PROFESSIONAL LICENSES HELD

Affix a list of Professional  
Licenses and License #'s

(If applicable)

**IMPORTANT  
FAILURE TO ANSWER ANY QUESTION ON THIS  
FORM COMPLETELY AND TRUTHFULLY  
WILL RESULT IN DENIAL OF YOUR  
APPLICATION.**

Initials: \_\_\_\_\_ Date: \_\_\_\_\_



## CREDIT REPORT

Affix a copy your most current  
credit report.

**NOTE:**

Must be run within the past 90 days.

Source of information must come  
from one of the three major credit  
information companies:

Transunion  
Equifax  
Experian

**IMPORTANT:  
FAILURE TO ANSWER ANY QUESTION  
COMPLETELY AND TRUTHFULLY OR TO  
ATTACH REQUIRED DOCUMENTATION ON  
THIS FORM WILL RESULT IN DENIAL OF YOUR  
APPLICATION.**

**Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## CREDIT EXPLANATIONS

Affix written explanations on  
each account that is:

Past Due  
Under Collection Under  
a Civil Judgement

(If Applicable)

**IMPORTANT:  
FAILURE TO ANSWER ANY QUESTION  
COMPLETELY AND TRUTHFULLY OR TO  
ATTACH REQUIRED DOCUMENTATION ON  
THIS FORM WILL RESULT IN DENIAL OF YOUR  
APPLICATION.**

**Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## PAYMENT AGREEMENT(S)

Affix any payment  
agreements entered into for  
delinquent accounts.

(If Applicable)

**IMPORTANT:  
FAILURE TO ANSWER ANY QUESTION  
COMPLETELY AND TRUTHFULLY OR TO  
ATTACH REQUIRED DOCUMENTATION ON  
THIS FORM WILL RESULT IN DENIAL OF YOUR  
APPLICATION.**

**Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_





## EXPLANATIONS

Affix written explanations and documentation to any question answered "Yes" on page 3.

**IMPORTANT:  
FAILURE TO ANSWER ANY QUESTION  
COMPLETELY AND TRUTHFULLY OR TO  
ATTACH REQUIRED DOCUMENTATION ON  
THIS FORM WILL RESULT IN DENIAL OF YOUR  
APPLICATION.**

Initials: \_\_\_\_\_ Date: \_\_\_\_\_



## COURT DOCUMENTATION

Affix documentation if in your possession, control or availability for each offense for which you were arrested and/or charged. Including Documentation which shows final disposition of the case.

If unable to obtain Documentation please affix written statement attesting to the reason(s).

**IMPORTANT:  
FAILURE TO ANSWER ANY QUESTION  
COMPLETELY AND TRUTHFULLY OR TO  
ATTACH REQUIRED DOCUMENTATION ON  
THIS FORM WILL RESULT IN DENIAL OF YOUR  
APPLICATION.**

Initials: \_\_\_\_\_ Date: \_\_\_\_\_



## FINGERPRINTS

\* **In-State Applicants:** Register and make payment to Cogent ([www.cogentid.com](http://www.cogentid.com)); Have Fingerprints taken; Submit the "Proof of Fingerprint Submission" receipt with completed application.

\* **Out-of-State Applicants:** See the NMGCB website, [www.nmgcb.org/fingerprints](http://www.nmgcb.org/fingerprints) for complete fingerprint hard card instructions, receipt and mailing information. \***PAYMENTS TO COGENT WILL NOT BE ACCEPTED BY NMGCB**

Affix applicable  
Fingerprint information.

See instructions above.

**IMPORTANT:  
FAILURE TO ANSWER ANY QUESTION  
COMPLETELY AND TRUTHFULLY OR TO  
ATTACH REQUIRED DOCUMENTATION ON  
THIS FORM WILL RESULT IN DENIAL OF YOUR  
APPLICATION.**

**Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_