



PRINCIPAL/KEY EMPLOYEE FORM

NEW MEXICO SUPPLEMENT TO THE MULTI-JURISDICTIONAL
PERSONAL HISTORY DISCLOSURE FORM

INSTRUCTIONS

NEW MEXICO GAMING IS GOVERNED BY THE NEW MEXICO GAMING CONTROL ACT AS SET FORTH IN §60-2E-1 - 60-2E-62 NMSA (“ACT”)

Unless otherwise provided in the Act and Rules, each Key Executive shall complete the Multi-Jurisdictional Personal History Disclosure Form and the Key Executive Form New Mexico Supplement to the Multi-Jurisdictional Personal History Disclosure Form.

The following guidelines are applicable to any natural person who is a Key Executive as defined in the Act and Rules. Pursuant to the Act, a Key Executive is defined as “an executive of a licensee or other person having the power to exercise significant influence over decisions concerning any part of the licensed operations of the licensee or whose annual base compensation exceeds (\$250,000.00)”.

1. Key Executive Form – New Mexico Supplement To The Multi-Jurisdictional Personal History Disclosure Form (“NM Supplement”)

This form is for each natural person who is a Key Executive and shall be completed in addition to the Multi-Jurisdictional Personal History Disclosure Form.

One original paper form containing all required attachments must be sent to the New Mexico Gaming Control Board 4900 Alameda Blvd NE, Albuquerque, NM 87113-1736 Attn: Licensing. The appropriate fees shall be included.

2. Application Fees

All applicable fees shall be submitted with the application. The application fee is non-refundable. The investigative deposit fee will be used by the Board to process and investigate the Key Executive application. Any remaining funds will be refunded to the issuer of the original payment.

There may be additional costs and expenses incurred by the Board in its processing and investigation of the Key Executive applicant. The applicant will be sent an invoice which must be paid to the Board.

Fees shall be paid by Money Order or Check made payable to the “New Mexico Gaming Control Board”. Cash or Credit Cards will not be accepted by the Board.

Key Executive - \$100.00

**New Mexico law requires applicants to fund the cost of their background investigations. Investigative fees are based on a rate of \$50 per hour for investigations and charges for all out-of-pocket expenses incurred during the investigation, such as travel costs and costs to reproduce documents. This investigative cost will be billed to the licensed entity.*

3. Application Form Instructions

A. Generally

- a. As used in the NM Supplement, the words “Applicant” and “You” shall mean the Key Executive completing the NM Supplement.
- b. As used in the NM Supplement, the words “Business Entity” shall mean the Manufacturer, Manufacturer’s Designee, Supplier, Management Company or the Slot Machine Applicant or Licensee or any of its affiliates, intermediaries, subsidiaries of holding companies for which you are a Key Executive.
- c. All entries on the form must be typed or printed in block lettering. Initials and signatures must be handwritten by the person providing the information. If the answers are not legible, the application may not be accepted.
- d. Read each question carefully, prior to answering. Answer every question completely. Do not leave blank spaces. If a question does not apply to the applicant, write “Does Not Apply” in response.
- e. All pages of the form must be initialed by the applicant. If additional pages are required, in order to answer any questions, they must be attached to the form. Be sure to indicate the number(s) of the question(s) being answered and initial each additional page.
- f. All required documentation, such as tax returns, must be submitted with the application. The applicant is under a continuing duty to promptly notify the Board if there is a change in the information provided on the applications and/or additional pages.
- g. All Affidavits, Authorizations, Waivers of Liability, Statements of Conditions and Compliance forms must be signed by the applicant and notarized.
- h. Should you be unable to understand any form fully in English, it is your responsibility to acquire adequate means of translation. If you submit a document to the Board that is in a language other than English, you must submit an English translation.
- i. All notices regarding your application will be sent to the mailing address and the E-mail address you provide on your application. You must immediately notify the Board if you change any information provided on your applications.

- j. Failure to answer any question completely and truthfully will result in denial of your application and/or revocation of your license, registration, certificate of permit and may subject you to criminal penalties under the Gaming Control Act, or other federal, state and local laws.
- k. Any person who applies for and obtains a license, registration, certificate or permit shall cooperate with the Board, as follows:
- Comply with administrative subpoenas when the agency compels your attendance or production of documents in the course of an investigation or hearing;
 - Permit the inspection, examination, photocopying and audit of all documents and records of an applicant or licensee relevant to the applicant's or licensee's gaming activities in the presence of the applicant or licensee or the applicant's or licensee's agent; and
 - Recognizing that the agents of the Board may summarily seize, remove and impound from places inspected any gaming devices, property connected with gaming, documents or records for the purpose of examination or inspection.
- l. A license, certification, registration or permit issuance, renewal or other approval issued by the Board is a revocable privilege. No person holding a license, certification, registration or permit, renewal, or other approval is deemed to have any property rights related to the license, certification, registration or permit.
- m. An application that has been accepted for filing and all related materials submitted to the Board become the property of the Board and will not be returned to the applicant.

B. New Mexico Supplement

Unless otherwise provided for in the Act and Regulations, every individual that applies for a certification of finding of suitability must complete the Multi-Jurisdictional Personal History Disclosure Form and the New Mexico Supplement. This includes all persons as identified in Section 60-2E-20 of the Gaming Control Act.

Applicant is submitting this application as a Key Executive of:

Describe the relationship between the applicant and the business entity/licensee named above, including amounts and terms of ownership and control.

All required documentation must be submitted at the time of submitting this form.

If you have any questions regarding the application package or the information required to complete any form, please contact the New Mexico Gaming Control Board at 505-841-9700.

NEW MEXICO SUPPLEMENT

NAME AND ADDRESS					
FIRST NAME	MIDDLE NAME	LAST NAME		SUFFIX (JR., SR., ETC.)	
MAIDEN NAME				DATE OF BIRTH	
ADDRESS LINE 1			ADDRESS LINE 2		
CITY		COUNTY	STATE/PROVINCE		POSTAL CODE
COUNTRY		EMAIL ADDRESS	PHONE NUMBER	CELL NUMBER	
MAILING ADDRESS (IF DIFFERENT FROM ADDRESS ABOVE)					
ADDRESS LINE 1			ADDRESS LINE 2		
ADDRESS LINE 3		CITY	COUNTY	STATE/PROVINCE	
ZIP CODE	COUNTRY	EMAIL ADDRESS	PHONE NUMBER	CELL NUMBER	
DESCRIPTIVE INFORMATION					
HEIGHT _____ FT IN	WEIGHT _____ LBS	SOCIAL SECURITY NUMBER*		DRIVER'S LICENSE NO. _____ STATE ISSUED: _____	
TATTOOS, SCARS OR DISTINGUISHING MARKS:			MARITAL STATUS: <input type="checkbox"/> SINGLE (NEVER MARRIED) <input type="checkbox"/> COMMON-LAW <input type="checkbox"/> SEPARATED <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED		
HAIR COLOR <input type="checkbox"/> (BK) BLACK <input type="checkbox"/> (BR) BROWN <input type="checkbox"/> (BD) BLOND <input type="checkbox"/> (RD) RED <input type="checkbox"/> (GY) GRAY <input type="checkbox"/> (WH) WHITE <input type="checkbox"/> (BA) BALD		EYE COLOR <input type="checkbox"/> (BK) BLACK <input type="checkbox"/> (BR) BROWN <input type="checkbox"/> (HZ) HAZEL <input type="checkbox"/> (BL) BLUE <input type="checkbox"/> (GY) GRAY <input type="checkbox"/> (GR) GREEN		SEX <input type="checkbox"/> (M) MALE <input type="checkbox"/> (F) FEMALE	
For Agency Use Only:					
LIST ANY OTHER NAME OR NAMES YOU HAVE BEEN KNOWN BY (INCLUDE ALIASES; NICKNAMES; MARRIED NAMES)					
HAVE YOU BEEN KNOWN BY ANY OTHER NAME OR NAMES? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, LIST THE ADDITIONAL NAMES BELOW AND SPECIFY DATES OF USE FOR EACH. INCLUDE MAIDEN NAME, ALIASES, NICKNAMES OR ANY OTHER NAME.					
FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (JR., SR., ETC.)	FROM DATE	TO DATE

2. EXPUNGEMENTS

HAVE YOU EVER BEEN ARRESTED OR CHARGED WITH ANY CRIME OR OFFENSE WHICH HAS BEEN EXPUNGED OR OTHERWISE OFFICIALLY SEALED BY A COURT OR GOVERNMENT AGENCY? YES NO

NATURE OF CHARGE OR OFFENSE/ LOCATION OF WHERE INCIDENT OCCURRED	DATE OF CHARGE OR OFFENSE	NAME AND ADDRESS OF LAW ENFORCEMENT AGENCY OR COURT INVOLVED	DISPOSITION (CONVICTED, ACQUITTED, DISMISSED, PENDING, PARDONED, ETC.)	SENTENCE

3. ALCOHOL AND CONTROLLED SUBSTANCES

PROVIDE INFORMATION RELATING TO ANY ISSUES INVOLVING ALCOHOL OR CONTROLLED SUBSTANCES.

ALCOHOL AND CONTROLLED SUBSTANCES

4. HISTORY OF INSURANCE CLAIMS

DESCRIBE THE NATURE, TYPE, TERMS AND CONDITIONS OF ALL INSURANCE CLAIMS RELATING TO THE BUSINESS ACTIVITIES OF APPLICANT FOR THE LAST TEN (10) YEAR PERIOD.

INSURANCE CLAIMS



5. BUSINESS REFERENCES

PROVIDE THE NAMES AND OTHER INFORMATION REQUESTED OF TWO (2) BUSINESS REFERENCES OVER THE AGE OF 18 WHO HAVE KNOWN YOU FOR AT LEAST ONE YEAR AND CAN ATTEST TO YOUR GOOD CHARACTER AND REPUTATION. NO PERSON CAN BE A REFERENCE WHO IS A MEMBER OF YOUR FAMILY. (SPOUSE, PARENTS, GRANDPARENTS, CHILDREN, GRANDCHILDREN, SIBLINGS, UNCLES, AUNTS, NEPHEWS, NIECES, FATHERS-IN-LAW, MOTHERS-IN-LAW, SONS-IN-LAW, DAUGHTERS-IN-LAW, BROTHERS-IN-LAW AND SISTERS-IN-LAW WHETHER BY WHOLE OR HALF BLOOD, BY MARRIAGE, ADOPTION OR NATURAL RELATIONSHIP.) **DO NOT LIST THE NAMES OF PERSONS USED AS REFERENCES IN THE MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM. THE TWO REFERENCES LISTED MUST BE INDIVIDUALS THAT YOU HAVE HAD BUSINESS DEALINGS WITH IN PAST FIVE (5) YEARS. IF YOU HAVEN'T ANY BUSINESS INVOLVEMENT IN THE PAST 5 YEARS, PLEASE EXPLAIN.**

REFERENCE ONE

NAME _____

BUSINESS ADDRESS _____

ADDRESS _____

OCCUPATION _____

TELEPHONE # _____

BUSINESS TELEPHONE # _____

CELL PHONE # _____

HOW LONG HAVE YOU KNOWN THE REFERENCE?

REFERENCE TWO

NAME _____

BUSINESS ADDRESS _____

ADDRESS _____

OCCUPATION _____

TELEPHONE # _____

BUSINESS TELEPHONE # _____

CELL PHONE # _____

HOW LONG HAVE YOU KNOWN THE REFERENCE?

9. COMPENSATION

1. Provide the following information about your compensation:

A. The total amount of compensation you earned last year: _____

B. The total amount of compensation you expect to earn this year: _____

C. The structure of your compensation (i.e., salary, wages, bonus, fees, commissions, options, etc.)

10. LICENSURE

1. With respect to Question 24 of the Multi Jurisdictional Personal History Disclosure Form, have any of the applications, licenses, permits, registration, findings of suitability, qualifications or other authorizations you identified ever been denied, suspended, revoked, or subject to any conditions in any jurisdiction?

Yes No

If yes, complete the following chart:

Type of License, Permit, or Authorization	Name & Address of Government Agency	Date of Denial, Suspension, Revocation	Reasons for Action Taken



PHOTO ID

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

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



PROOF OF IDENTITY

AFFIX ONE OF THE FOLLOWING:

- * Copy of birth certificate from the Vital Statistics office in the state you were born;
- * Valid US Passport;
- * If not US citizen, valid passport issued by country of citizenship;
- * Certificate of naturalization with photo, along with Alien Registration Number.

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



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



GAMING LICENSURE IN OTHER JURISDICTIONS

Affix a listing of gaming licenses
held in other jurisdictions.

(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.**



PROFESSIONAL LICENSES HELD

Affix a list of Professional
Licenses.

(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.**



MILITARY SERVICE

Affix a copy of your Military DD214
(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.**



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.**



CREDIT EXPLANATIONS

Affix written explanations on
each account that is:

Past Due
Under Collection
Under a Civil Judgement

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



PAYMENT AGREEMENT(S)

Affix any payment
agreements entered into for
delinquent accounts.

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



EXPLANATIONS

Affix written explanations and documentation to any question(s) answered "Yes".

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



COURT DOCUMENTATION

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

If unable to obtain Official Court 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.**



FINGERPRINTS

- * **In-State Applicants:** Register and make payment to Cogent (www.cogentid.com); Have Fingerprints taken; Submit the "Fingerprint Capture and Successfully Transmitted" receipt with completed application.
- * **Out-of-State Applicants:** See the NMGCB website, www.nmgcb.org/fingerprints for complete fingerprint hard card instructions and mailing information. *PAYMENTS TO COGENT WILL NOT BE ACCEPTED BY NMGCB

Affix applicable
Fingerprint information.

See instructions above.

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



**INTERNATIONAL APPLICANTS
CRIMINAL & CREDIT HISTORY**

- I. US based Applicants are required to submit a criminal background report, which is obtained from the National Crime Information Center (NCIC), in order to review the criminal history of the applicant. This criminal history review is confined to the United States. As an international resident you are required to have a search equivalent to the NCIC search performed in all of the countries wherein the applicant has resided for the past 10 years. The results must be translated into English and attached to this application.
- II. US based applicants are required to have their financial/credit history reviewed using a report from one of the major credit reporting agencies. These searches are, primarily confined to transactions and histories within the United States. Please have a credit history search, equivalent to a Transunion, Experion or EquiFax Credit History Report prepared and have the results translated into English and attached to this application.

**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: _____

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.), 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.

The Statutes, Rules, Act & Administrative Code, as amended and changed, can be found on our website at www.nmgcb.org

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]



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

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



AFFIRMATION & CONSENT

Applicant's Printed Name

I, _____, 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 Finding of Suitability.

Further, I Printed Full Legal Name, affirm that having a finding 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]

Instructions for completing SF 180, Request Pertaining to Military Records

1. If you served in the US Military, complete, sign and date the SF 180, Request Pertaining to Military Records, and include the following information in the appropriate space:

Section I – Information Needed to Locate Records

- Complete all blanks and answer all questions.

Section II – Information and/or Documents Requested

- Item 1 – Select DD Form 214 or equivalent.
- Item 1 – Check Other and insert the phrase “Information related to any military court martial or charges filed against me under Article 15 of the Uniform Code of Military Justice.”
- Item 2 – Select Other and insert the phrase “This information is necessary in order for the New Mexico Gaming Control Board to complete my background investigation.”

2. Submit a copy of the completed document along with any tracking information to the Board with your application.

INSTRUCTION AND INFORMATION SHEET FOR SF 180, REQUEST PERTAINING TO MILITARY RECORDS

1. General Information. The Standard Form 180, Request Pertaining to Military Records (SF180) is used to request information from military records. Certain identifying information is necessary to determine the location of an individual's record of military service. Please try to answer each item on the SF 180. If you do not have and cannot obtain the information for an item, show "NA," meaning the information is "not available." Include as much of the requested information as you can. Incomplete information may delay response time. To determine where to mail this request see Page 2 of the SF180 for record locations and facility addresses.

Online requests may be submitted to the National Personnel Records Center (NPRC) by a veteran or deceased veteran's next of kin using eVetRecs at <http://www.archives.gov/veterans/military-service-records/>.

2. Personnel Records/Military Human Resource Records/Official Military Personnel File (OMPF) and Medical Records/Service Treatment Records (STR). Personnel records of military members who were discharged, retired, or died in service **less than 62 years** ago and medical records are in the legal custody of the military service department and are administered in accordance with rules issued by the Department of Defense and the Department of Homeland Security (DHS, Coast Guard). STR's of persons on active duty are generally kept at the local servicing clinic, and usually are available from the Department of Veterans Affairs approximately 40 days after the last day of active duty. (See item 3, Archival Records, if the military member was discharged, retired or died in service over 62 years ago.)

a. **Release of information:** Release of information is subject to restrictions imposed by the military services consistent with Department of Defense regulations and the provisions of the Freedom of Information Act (FOIA) and the Privacy Act of 1974. The service member (either past or present) or the member's legal guardian has access to almost any information contained in that member's own record. An authorization signature, of the service member or the member's legal guardian, is needed in Section III of the SF180. Others requesting information from military personnel records and/or STR's must have the release authorization in Section III of the SF 180 signed by the member or legal guardian. If the appropriate signature cannot be obtained, only limited types of information can be provided. If the former member is deceased, surviving next of kin may, under certain circumstances, be entitled to greater access to a deceased veteran's records than a member of the general public. The next of kin may be any of the following: unmarried surviving spouse, father, mother, son, daughter, sister, or brother. Requesters **must provide proof of death, such as a copy of a death certificate, newspaper article (obituary) or death notice, coroner's report of death; funeral director's signed statement of death, or verdict of coroner's jury.**

b. **Fees for records:** There is no charge for most services provided to service members or next of kin of deceased veterans. A nominal fee is charged for certain types of service. In most instances service fees cannot be determined in advance. If your request involves a service fee, you will be notified.

3. Archival Records. Personnel records of military members who were discharged, retired, or died in service **62 or more years** ago have been transferred to the legal custody of NARA and are referred to as "archival" records.

a. **Release of Information:** Archival records are open to the public. The Privacy Act of 1974 does not apply to archival records, therefore, written authorization from the veteran or next of kin is not required. However, in order to protect the privacy of the veteran, his/her family, and third parties named in the records, the personal privacy exemption of the Freedom of Information Act (5 U.S.C. 552 (b) (6)) may still apply and preclude the release of some information.

b. **Fees for Archival Records:** Access to archival records is granted by offering copies of the records for a fee (44 U.S.C. 2116 (c)). You will be notified if there is a charge for photocopies of documents contained in the record you are requesting. For more information see <http://www.archives.gov/st-louis/archival-programs/military-personnel-archival/ompf-archival-requests.html>.

4. Where reply may be sent. The reply may be sent to the service member or any other address designated by the service member or other authorized requester.

5. Definitions and abbreviations. DISCHARGED -- the individual has no current military status; SERVICE TREATMENT RECORD (STR) -- The chronology of medical, mental health and dental care received by service members during the course of their military career (does not include records of treatment while hospitalized); TDRL – Temporary Disability Retired List.

6. Service completed before World War I. National Archives Trust Fund (NATF) forms must be used to request these records. Obtain the forms by e-mail from inquire@nara.gov or write to the Code 6 address on page 2 of the SF 180.

PRIVACY ACT OF 1974 COMPLIANCE INFORMATION

The following information is provided in accordance with 5 U.S.C. 552a(e)(3) and applies to this form. Authority for collection of the information is 44 U.S.C. 2907, 3101, and 3103, and Public Law 104-134 (April 26, 1996), as amended in title 31, section 7701. Disclosure of the information is voluntary. If the requested information is not provided, it may delay servicing your inquiry because the facility servicing the service member's record may not have all of the information needed to locate it. The purpose of the information on this form is to assist the facility servicing the records (see the address list) in locating the correct military service record(s) or information to answer your inquiry. This form is then retained as a record of disclosure. The form may also be disclosed to Department of Defense components, the Department of Veterans Affairs, the Department of Homeland Security (DHS, U.S. Coast Guard), or the National Archives and Records Administration when the original custodian of the military health and personnel records transfers all or part of those records to that agency. If the service member was a member of the National Guard, the form may also be disclosed to the Adjutant General of the appropriate state, District of Columbia, or Puerto Rico, where he or she served.

PAPERWORK REDUCTION ACT PUBLIC BURDEN STATEMENT

Public burden reporting for this collection of information is estimated to be five minutes per request, including time for reviewing instructions and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to National Archives and Records Administration (NHP), 8601 Adelphi Road, College Park, MD 20740-6001. **DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. SEND COMPLETED FORMS AS INDICATED IN THE ADDRESS LIST ON PAGE 2 OF THE SF 180.**

REQUEST PERTAINING TO MILITARY RECORDS

* Requests from veterans or deceased veteran's next-of-kin may be submitted online by using eVetRecs at <http://www.archives.gov/veterans/military-service-records/>*

(To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. Please print clearly or type.)

SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much as possible.)

1. NAME USED DURING SERVICE (last, first, and middle)		2. SOCIAL SECURITY NO.		3. DATE OF BIRTH		4. PLACE OF BIRTH	
5. SERVICE, PAST AND PRESENT (For an effective records search, it is important that all service be shown below.)							
	BRANCH OF SERVICE	DATE ENTERED	DATE RELEASED	OFFICER	ENLISTED	SERVICE NUMBER (If unknown, write "unknown")	
a. ACTIVE COMPONENT							
b. RESERVE COMPONENT							
c. NATIONAL GUARD							
6. IS THIS PERSON DECEASED? If "YES" enter the date of death. <input type="checkbox"/> NO <input type="checkbox"/> YES _____				7. IS (WAS) THIS PERSON RETIRED FROM MILITARY SERVICE? <input type="checkbox"/> NO <input type="checkbox"/> YES			

SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

1. CHECK THE ITEM(S) YOU ARE REQUESTING:

DD Form 214 or equivalent. When was the DD Form(s) 214 issued? YEAR(S): _____
If more than one period of service was performed, even in the same branch, there may be more than one DD214.

This form contains information normally needed to verify military service. A copy may be sent to the veteran, the deceased veteran's next of kin, or other persons or organizations if authorized in Section III, below. **An UNDELETED DD214 is ordinarily required to determine eligibility for benefits.** Sensitive items, such as, the character of separation, authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and dates of time lost are usually shown.

An undeleted copy will be sent unless you specify a deleted copy. Indicate here if you want a deleted copy of the DD Form 214 . .

The following items are deleted: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and for separations after June 30, 1979, character of separation and dates of time lost.

- All Documents in Official Military Personnel File (OMPF)**
- Medical Records** (Includes Service Treatment Records, Health (outpatient) and dental records.) If hospitalized (inpatient), the facility name and date for each admission **must** be provided: _____
- Other** (Specify): _____

2. **PURPOSE:** (An explanation of the purpose of the request is **strictly voluntary**; however, such information may help to provide the best possible response and may result in a faster reply. Information provided will in no way be used to make a decision to deny the request.) Check appropriate box:

- Benefits Employment VA Loan Programs Medical Genealogy Correction Personal
- Other, explain: _____

SECTION III - RETURN ADDRESS AND SIGNATURE

1. **REQUESTER IS:** (Signature Required in # 3 below of veteran, next of kin, legal guardian, authorized government agent or "other" authorized representative. If "other" authorized representative, provide copy of authorization letter.) No signature required for Archival records.

- Military service member or veteran identified in Section I, above Legal guardian (Must submit copy of court appointment.)
- Next of kin of deceased veteran: _____ Other (specify) _____
(Relationship)

MUST HAVE PROOF OF DEATH - See item 2a on instruction sheet.

2. **SEND INFORMATION/DOCUMENTS TO:**
(Please print or type. See item 4 on accompanying instructions.)

3. **AUTHORIZATION SIGNATURE WHEN REQUIRED** (See items 2a or 3a on accompanying instructions.) I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section III is true and correct. No signature required for Archival records.

Name	Signature Required - Do not print	Date
Street	() Daytime phone	() Fax Number
City	Email address	
State	Zip Code	

LOCATION OF MILITARY RECORDS

The various categories of military service records are described in the chart below. For each category there is a code number which indicates the address at the bottom of the page to which this request should be sent. Please refer to the Instruction and Information Sheet accompanying this form as needed.

BRANCH	CURRENT STATUS OF SERVICE MEMBER	ADDRESS CODE	
		Personnel Record	Medical or Service Treatment Record
AIR FORCE	Discharged, deceased, or retired before 5/1/1994	14	14
	Discharged, deceased, or retired 5/1/1994 – 9/30/2004	14	11
	Discharged, deceased, or retired on or after 10/1/2004	1	11
	Active (including National Guard on active duty in the Air Force), TDRL, or general officers retired with pay	1	
	Reserve, retired reserve in nonpay status, current National Guard officers not on active duty in the Air Force, or National Guard released from active duty in the Air Force	2	
	Current National Guard enlisted not on active duty in the Air Force	13	
COAST GUARD	Discharge, deceased, or retired before 1/1/1898	6	
	Discharged, deceased, or retired 1/1/1898 – 3/31/1998	14	14
	Discharged, deceased, or retired on or after 4/1/1998	14	11
	Active, reserve, or TDRL	3	
MARINE CORPS	Discharged, deceased, or retired before 1/1/1905	6	
	Discharged, deceased, or retired 1/1/1905 – 4/30/1994	14	14
	Discharged, deceased, or retired 5/1/1994 – 12/31/1998	14	11
	Discharged, deceased, or retired on or after 1/1/1999	4	11
	Individual Ready Reserve	5	
	Active, Selected Marine Corps Reserve, TDRL	4	
ARMY	Discharged, deceased, or retired before 11/1/1912 (enlisted) or before 7/1/1917 (officer)	6	
	Discharged, deceased, or retired 11/1/1912 – 10/15/1992 (enlisted) or 7/1/1917 – 10/15/1992 (officer)	14	
	Discharged, deceased, or retired after 10/16/1992	14	11
	Active enlisted, officers	7	
	Former National Guard/USAR personnel	14	
NAVY	Discharged, deceased, or retired before 1/1/1886 (enlisted) or before 1/1/1903 (officer)	6	
	Discharged, deceased, or retired 1/1/1886 – 1/30/1994 (enlisted) or 1/1/1903 – 1/30/1994 (officer)	14	14
	Discharged, deceased, or retired 1/31/1994 – 12/31/1994	14	11
	Discharged, deceased, or retired on or after 1/1/1995	10	11
	Active, reserve, or TDRL	10	
PHS	Public Health Service - Commissioned Corps officers only	12	

ADDRESS LIST OF CUSTODIANS (BY CODE NUMBERS SHOWN ABOVE) – Where to write/send this form

1	Air Force Personnel Center HQ AFPC/DPSIRP 550 C Street West, Suite 19 Randolph AFB, TX 78150-4721	6	National Archives & Records Administration Old Military and Civil Records (NWCTB-Military) Textual Services Division 700 Pennsylvania Ave., N.W. Washington, DC 20408-0001	11	Department of Veterans Affairs Records Management Center P.O. Box 5020 St. Louis, MO 63115-5020
2	Air Reserve Personnel Center Records Management Branch (DPTARA) 18420 E. Silver Creek Ave. Bldg. 390 MS 68 Buckley AFB, CO 80011	7	US Army Human Resources Command ATTN: AHRC-PDR-V 1600 Spearhead Division Ave., Dept 420 Fort Knox, KY 40122-5402 askhrc.army@us.army.mil	12	Division of Commissioned Corps Officer Support ATTN: Records Officer 1101 Wootton Parkway, Plaza Level, Suite 100 Rockville, MD 20852
3	Commander, Personnel Service Center (PSD-MR) MS7200 US Coast Guard 4200 Wilson Blvd., Suite 1100 Arlington, VA 29598-7200 http://uscg.mil/psc/adm	8	<i>Reserved.</i>	13	<i>Reserved.</i>
4	Headquarters U.S. Marine Corps Manpower Management Support Branch (MMSB-10) 2008 Elliot Road Quantico, VA 22134-5030	9	<i>Reserved.</i>	14	National Personnel Records Center (Military Personnel Records) 1 Archives Dr. St. Louis, MO 63138-1002 eVetRecs! http://www.archives.gov/veterans/military-service-records/
5	Marine Forces Reserve 4400 Dauphine St. New Orleans, LA 70146-5400	10	Navy Personnel Command (PERS-312E) 5720 Integrity Drive Millington, TN 38055-3120		

