

Request for Self-Exclusion from New Mexico Gaming Facilities

Application Checklist:

1

OBTAIN YOUR APPLICATION

Applications can be obtained from:
New Mexico Gaming Control Board
4900 Alameda Blvd NE
Albuquerque, NM 87113
Or from our website at:
www.nmgcb.org

2

Call to schedule an appointment with
NMGCB agent. To schedule an
appointment at a location near you,
call the NMGCB main number:
(505) 841-9700 for assistance.

3

Bring with you to your appointment a
current driver's license or state issued
identification card. A photo will be
taken at the time of your appointment.

Self-Exclusion Instructions and Procedure

- The New Mexico Gaming Control Board (GCB) will make available a “Request for Self-Exclusion” form for any individual who wishes to self-exclude from gaming at any or all gaming facilities, including racetrack casino and/or Tribal gaming establishment.
- The person requesting self-exclusion must complete the entire form, leaving no space blank.
- The form must be signed by the person seeking self-exclusion, be properly notarized, and submitted to the GCB.
- A current color photograph showing only the head and shoulders of the person seeking self-exclusion must be included with the form.
- The exclusion is in effect immediately upon issuance of a Decision & Order approving the Request for Self-Exclusion.
- After the form is fully executed and notarized, the original form will be received and maintained by the GCB in a secure file.
- GCB will compile and distribute the list of self-excluded persons to the appropriate gaming establishment(s).
- Gaming establishments shall prohibit the payment of any hand-paid jackpot to a person who is on the self-exclusion list. Any jackpot won by a person on the self-exclusion list shall be used by the Gaming Establishment to fund or support programs for the treatment and assistance of compulsive gamblers pursuant to Section 4(B) (16) of the 2015 Compact and Section 60-2E-34.1(6) of the Gaming Control Act.
- The request for self-exclusion shall remain in effect during the full time period selected by the person requesting self-exclusion. The person’s name will be removed from the self-exclusion list upon expiration of the time frame selected or upon a subsequent Decision and Order of the Board granting a request to be removed from the self-exclusion list.
- The list of self-excluded persons shall not be subject to public inspection.

PLEASE PRINT

Name: _____
Last, First & Middle (Include Sr., Jr., etc. if applicable)

Home Address: _____
Number and Street *Apt*

City, State and Zip Code

Phone Number: _____
Contact Phone #1 *Contact Phone #2*

Social Security #: _____ Email: _____

Date of Birth: _____ Gender: _____

Driver's License #: _____ Issuing State: _____

Height: _____ Feet _____ Inches Weight: _____ Lbs.

Hair Color: _____ Eye Color: _____

Distinguishing Physical Characteristics: _____

How long would you like to be excluded from gaming establishments? (see below)

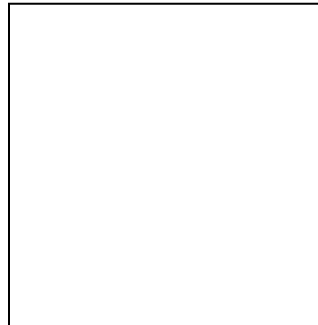
Minimum of 1 Year _____ *5 Years* _____ *Lifetime* _____ *Other (specify)* _____

Which gaming establishment(s) would you like to be excluded from? (see below)

Please initial in the box to the right of the gaming establishment(s).

- Ruidoso Downs Billy The Kid Casino _____
 - Sunland Park Racetrack & Casino _____
 - Sunray Park & Casino _____
 - The Downs Racetrack & Casino _____
 - Zia Park & Black Gold Casino _____
 - All Racetrack Casinos _____
 - *Gaming Facilities Statewide _____
- *(All Racetrack & Tribal Gaming Facilities)

Affix a recent passport quality photograph here showing head and shoulders of person to be excluded.
Photograph must be attached to complete application.



Acknowledgement

I hereby acknowledge my intent to voluntarily exclude myself from gaming establishments in the State of New Mexico that I have requested exclusion from and:

- **I declare** that I am a problem gambler and wish to be placed on the Board's List of Self Excluded Persons. _____ (initial)
- **I declare** that I am capable of making an informed decision to voluntarily exclude myself from the designated gaming establishment(s).
- **I declare** that I am completing this application of my own free will, without undue influence or coercion from a third party.
- **I understand** that the list will be provided to each gaming establishment(s) and its employees and key executives from which I have requested exclusion in the State of New Mexico.
- **I fully** authorize the GCB and its staff to release my photo and the contents of this application to the gaming establishment(s) and the employees and key executives of these establishments from which I have requested exclusion in the State of New Mexico.
- **I understand** that a gaming establishment(s) is immune from liability arising out of its efforts to exclude me.
- **I agree** not to visit, enter or be present in the gaming establishment(s) from which I have requested exclusion in the State of New Mexico.
- **I understand** that it is not the responsibility of the GCB or the gaming establishment(s) to stop me from entering the gaming establishment(s) from which I have requested exclusion in the State of New Mexico.
- **I fully** understand that as a self-excluded person, if I am found to be present at a gaming establishment(s) from which I have been excluded, I will be subject to removal and I shall forfeit all winnings, credits, tokens or vouchers received by me while present at the gaming establishment(s). The winnings, credits, tokens or vouchers will be used by the gaming establishment to fund or support programs for the treatment and assistance of compulsive gamblers.
- **I understand** the GCB staff may contact me regarding the self-exclusion process.
- **I agree** to notify the GCB of any change in information provided in this application within 30 days of the change.
- **I understand** that I must remain on the self-exclusion list for a minimum of one year.
- **All of the information provided by me in this application and acknowledgement is complete, truthful and accurate.**

Applicant's Printed Full Legal Name: _____

Last, First and Middle (Include Sr. , Jr., etc if applicable)

Applicant's Signature: _____

Must be witnessed by notary public

State of: _____

County of: _____

Subscribed and sworn to before me by _____ **this** _____ **day of** _____, **20**_____.

My commission expires: _____ **Signed:** _____

Notary Public

Signature or ID of Translator: _____

**FOR REGULATORY AND GAMING FACILITY USE
TO BE COMPLETED BY NMGCB SPECIAL AGENT OR
TRIBAL GAMING FACILITY REPRESENTATIVE**

CERTIFICATION

I CERTIFY THAT I ACCEPTED THIS REQUEST FOR VOLUNTARY SELF-EXCLUSION FROM NEW MEXICO GAMING FACILITIES. THE INFORMATION ON THE SELF-EXCLUSION REQUEST FORM AND THE APPLICANT'S SIGNATURE AGREE WITH THE PROOF OF IDENTIFICATION. THE PHYSICAL DESCRIPTION AND PHOTOGRAPH ON THE PROOF OF IDENTIFICATION MATCH HIS OR HER ACTUAL APPEARANCE.

PRINTED NAME

SIGNATURE

DATE

NMGCB PERSONNEL USE

NMGCB EXCLUSION NUMBER

R001 EXCLUSION NUMBER

R004 EXCLUSION NUMBER

R002 EXCLUSION NUMBER

R007 EXCLUSION NUMBER

R003 EXCLUSION NUMBER

GFS EXCLUSION NUMBER

REVIEWS AND APPROVALS

Document and Version Control			
Version	Action	Author	Date
0-1	Consultation draft – to working group	Policy review committee.	May 2015
1.0	Presented to the Board for adoption	Policy review committee.	Sep 2015
2.0 – 5.0	Re-worked form with input from the Board to combine Tribal and Non-Tribal SE into one form.	Policy review committee	Oct 2015
6.0	Presented to the Board for adoption	Policy review committee.	Oct 2015
6.1	Updated Page 5 by adding gaming facilities and signatures	Policy review committee	Nov 2016