



KEY PERSONNEL INFORMATION

_____	_____	_____
First Name *:	Middle Name	Last Name *:
_____	_____	_____
Date of Birth *:	Place of Birth *:	SSN *:

Employer *:		

Home Address *:		
_____	_____	_____
Country *:	State/Province *:	City *:

I am listed as a key person on an application for a sports wagering license in the District of Columbia.

The District of Columbia Office of Lottery and Gaming, including its officers, employees, agents, and vendors (collectively “the OLG”), is required by law to conduct an investigation of an Applicant for a sports wagering license. That investigation requires the OLG to collect and evaluate information about me in order to determine my eligibility for a sports wagering license.

By executing this Authorization for Fingerprinting, Background Check, Credit Check and Release of Information, I expressly authorize the OLG to obtain a credit report, and personal and business records which may assist the OLG in determining my eligibility for a sports wagering license.

Each Applicant for a sports wagering license (including each owner, officer, executive, key personnel, employee or agent having power to significantly exercise influence in business operations of an Applicant) shall be subject to District, state, and national criminal history background checks. Such background checks shall include fingerprinting of the Applicant to be used for a national criminal records check by the Metropolitan Police Department and the Federal Bureau of Investigation. By executing this Authorization for Fingerprinting, Background Check, Credit Check and Release of Information, I expressly consent to such fingerprinting and to the release of information about me by the Metropolitan Police Department and the Federal Bureau of Investigation to the OLG.

I expressly waive, release, discharge and forever hold harmless and agree to indemnify any local, state or federal government body; commercial or business enterprise; non-profit entity; individual; or any other public or private entity that releases information to the OLG under the authority of this Authorization.

I am aware that false or misleading statements or failure to provide required information may be cause for denial of my application for a sports wagering license in the District of Columbia.

I have agreed to submit this Authorization for Finger Printing, Background Check, Credit Check and Release of Information.

Pursuant to D.C. Official Code § 22-2405, a person commits the offense of making false statements if that person willfully makes a false statement that is in fact material, in writing, directly or indirectly, to any instrumentality of the District of Columbia government, under circumstances in which the statement could reasonably be expected to be relied upon as true. Any person convicted of making false statements shall be fined not more than the amount set forth in D.C. Official Code § 22-3571.01 or imprisoned for not more than 180 days, or both.

BY SIGNING THIS RELEASE, I CERTIFY THAT:

- I understand the statements on this release.
- I have read and understand the legal information contained on this release.
- I understand and agree that the Office of Lottery and Gaming may contact other persons or organizations to obtain needed proof of my eligibility for a sports wagering or lottery license.

First Name *:

Middle Name

Last Name *:

Signature *:

Date *: