

OHIO CASINO CONTROL COMMISSION



Duplicate License Credential Request Form

Current Name on License: _____

Date of Birth (month/day/year): _____ / _____ / _____

Last 4 of SSN: _____ CGE/KEY Number: _____

Address: _____

There is a \$10.00 fee for a duplicate license credential. Payment is required to complete the request. Please select the method of payment.

- I am employed by or have an offer of employment from an Ohio casino and request that the casino pay this fee on my behalf. In so doing, I acknowledge and understand that the casino may choose to seek reimbursement from me for this amount.
- Check made payable to "Treasurer – State of Ohio."

This form, including any applicable payment, may be submitted to the Ohio Casino Control Commission's offices located at the four Ohio casinos or at its main office located at 100 E. Broad Street, 20th Floor, Columbus, Ohio 43215. The form may also be submitted by email to Info@casinocontrol.ohio.gov or fax at 614-763-2729.

By signing below I certify that:

- The Ohio Casino Control Commission issued me a casino-gaming-employee or key-employee license. Following receipt of the license credential, it was either misplaced or stolen and after diligent search, I have not been able to locate it. Since I have not been able to locate the credential, I am requesting that a duplicate be issued to me.
- I am the licensee identified on this form; I personally supplied the information contained in the form; and this information is accurate and complete. I am aware that if any of the foregoing statements made by me are false, I may be subject to punishment.

Signature

Date