

OHIO CASINO CONTROL COMMISSION



Military Status Form

Please complete this form if you are a service member, veteran, or spouse or surviving spouse of a service member or veteran. This form will allow the Commission to prioritize and expedite your application pursuant to [R.C. 5903.04](#). This form will also allow the Commission to process any military-duty licensure reciprocity requests pursuant to [R.C. 4743.041](#) for individuals or the spouses of individuals on military duty in Ohio.

Name _____

Date of Birth (month/day/year) _____ SSN* _____

*Under the Federal Privacy Act, disclosure of your SSN is voluntary. If provided, the agency will use it to obtain and verify your information; it will **NOT** be disclosed as part of any public record. The absence of an SSN may delay the determination.

Address: _____

I am seeking a (please select all licenses that apply):

- Casino Gaming Employee License
- Casino Gaming Key Employee License
- Skill-based Amusement Machine Key Employee License

1. I am a(n) (please select all military statuses that apply):

- Active duty service member in the U.S. Armed Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard) or actively serving member in the Reserves or National Guard, or person who otherwise meets the definition of military duty in [R.C. 4743.041](#) in this state
- Veteran of the U.S. Armed Forces
- Spouse of a person on active duty in this state
- Spouse or surviving spouse of a service member or veteran

2. If you have a casino gaming or skill-based amusement machine license in another state and are seeking reciprocity, please attach the following:

- A. A copy of a valid license or certificate to practice issued in any other state or jurisdiction
- B. A letter of good standing from the licensing or certifying agency in the state or jurisdiction of licensure or certification
- C. Any official documentation showing that you or your spouse are currently serving military duty in Ohio.

3. In addition to filling out this form, please provide and indicate which of the following status form(s) is included with this form

- DD 214 (for veterans that served active duty at any time and the Coast Guard)
- NGB 22 (for veterans of the National Guard)
- Military Identification Card (for those actively serving in the U.S. Armed Forces)
- Marriage certificate (if a spouse of a service member or veteran, please also include a status form indicating your spouse's military status)
- Other documentation (describe the documentation in an attachment and how it shows military status)

This form may be submitted to the Commission for the purposes of [R.C. 4743.041](#) and [5903.04](#). The form may be mailed to Ohio Casino Control Commission, 100 E. Broad Street, 20th Floor, Columbus, Ohio 43215, or submitted by email to info@casinocontrol.ohio.gov or by fax at 614-763-2729. By signing below, I understand this form will become part of my application and will be bound by the terms thereof. I further understand I have a continuing duty to update the Commission, as outlined in the applicable application, if any information provided on, or attached to, this form changes.

Signature

Date