

OHIO CASINO CONTROL COMMISSION



IDENTITY CONFIRMATION FORM

This form must be signed by both the individual being fingerprinted and either the law enforcement officer or the authorized agent of the Ohio Casino Control Commission who is taking the individual's fingerprints.

TO BE COMPLETED BY THE LAW ENFORCEMENT OFFICER OR THE AUTHORIZED AGENT OF THE OHIO CASINO CONTROL COMMISSION:

Full Name of Individual Being Fingerprinted: _____

The Individual has presented the following valid forms of identification:

Either ONE of the following:

- U.S. Passport or Passport Card – Expiration Date _____
- Certificate of Naturalization
- Permanent Resident Card – Expiration Date _____
- Foreign Passport or Immigrant Visa w/I-551 Notation – Expiration Date _____
- Employment Authorization Document – Expiration Date _____

OR, ANY TWO of the following:

- Original or Certified Copy of Birth Certificate
- Driver's License – Issuing State _____ Expiration Date _____
- Government-issued I.D. Card – Issuing Agency _____
- Student I.D. – Issuing Institution _____
- Voter's Registration Card
- U.S. Military ID Card or Military Dependent's ID Card _____
- Native American Tribal Document
- Canadian Driver's License – Issuing Province/Territory _____ Expiration Date _____

Certification: I attest that I have examined the document(s) presented by the above-named individual and that the above-listed document(s) appear to be genuine.

Signature of Person Taking Fingerprints: _____ Date: _____

Printed Name: _____

Law Enforcement Agency (if applicable): _____

Title/Position: _____ Phone# _____

TO BE COMPLETED BY THE INDIVIDUAL BEING FINGERPRINTED:

Certification: I attest that the document(s) I have presented to the person taking my fingerprints for the purpose of establishing my identity are genuine and have not been falsified in any way. I recognize that falsifying my identity may constitute a crime under Ohio law, and may constitute grounds for denial of my license application by the Ohio Casino Control Commission.

Signature: _____ Date: _____