

PERSONAL HISTORY DISCLOSURE FORM

INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM.

I. COMPLETING THIS FORM:

- a. You are to complete this form and submit it to the Office of Lottery and Gaming (OLG) as directed. You must make accurate statements and include all material facts. Any misrepresentation, or the failure to provide requested information, may result in an adverse determination.
- b. Read each question carefully prior to answering. Answer every question completely. Do not leave blank spaces. If a question does not apply to you, indicate "Does Not Apply" in response to that question. If there is nothing to disclose in response to a particular question, indicate "None" in response to that question. Failure to provide a response to every question could result in an adverse determination.
- c. All entries on this form, except initials and signatures, must be typed or printed in block lettering using dark ink. If your form is not legible, it will not be accepted.
- d. If the space available is insufficient to respond to a question, you are to supply the required information on an attachment page and clearly identify which question you are answering. A blank page may be used to provide this additional information. You must initial, and date at the bottom of each of these attachment pages.
- e. If you make any modification to the pre-printed questions or information contained in this form, your form will be rejected.
- f. Once your form has been accepted, it becomes the property of the OLG and will not be returned. You must fully cooperate with the OLG Licensing Coordinator. If your action or inaction hinders the OLG from completing your background investigation, your form may be recommended for denial and subsequent disqualification. This could lead to an adverse determination on your ability to work where an OLG Sports Wagering License is required, or represent a prospective applicant who is required to obtain an OLG Sports Wagering License.

II. BE SURE TO:

- a. Attach a recent (within the past six months) color photograph of yourself in the space provided on page 4.
- b. Sign the Statement of Truth form on page 24 in the presence of a notary public, justice of the peace, commissioner for declarations or other person legally authorized to notarize your signature.
- c. Check to ensure that you have placed your initials, and date on the bottom of each page of this form in the space provided and on any attachment pages.

III. BEFORE YOU SUBMIT THIS FORM TO THE OFFICE OF LOTTERY & GAMING , BE SURE THAT:

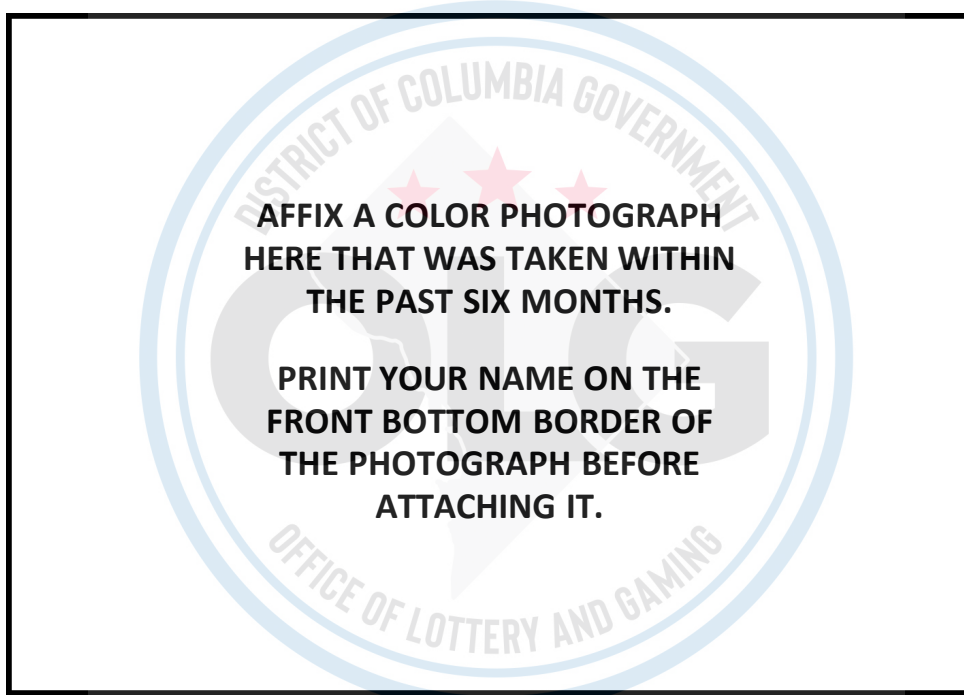
- a. You have reviewed the filing instructions for the type of license, approval or qualification that you are seeking.
- b. You have included all required attachments listed in this form.
- c. The Statement of Truth form is notarized on the original form.
- d. Every question has been answered completely.
- e. You retain a completed copy of your completed form package for your own records.
- f. You have completed any ancillary forms as directed by the OLG.

IV. TIPS FOR COMPLETING THIS FORM:

- a. Keep a blank copy of the form. When you need to update information, you can use the appropriate pages from the blank form to provide the information.
- b. Once all questions have been answered, make sufficient copies for all other jurisdictions that may request your form. Note that you should do this BEFORE the form is signed, dated and notarized. Since each jurisdiction must receive a form containing original signatures, it is advisable to make copies before signing the form.
- c. Keep an unsigned copy of your completed form. Should you need to file with another jurisdiction at some point in the future, you can then update the information rather than complete the form all over again.

IMPORTANT

FAILURE TO ANSWER ANY QUESTION ON THIS FORM COMPLETELY AND TRUTHFULLY MAY RESULT IN AN ADVERSE DETERMINATION.



1. Of what country are you a citizen? _____

A. Please indicate:

1. **Date of birth:** _____
DAY... MONTH YEAR

2. **Place of birth:** _____
CITY/TOWN STATE/PROVINCE COUNTRY

3. **Country of birth:** _____

2. Have you ever been issued a passport?

Yes

No

If yes, provide the following information about your passport(s):

PASSPORT NUMBER	COUNTRY OF ISSUE	PLACE ISSUED	DATE ISSUED	EXPIRATION DATE

Initials: _____

OFFICE OF LOTTERY & GAMING

Date: _____

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RESIDENCE DATA

3. Beginning with your current residence(s) and working backward, provide the following information with respect to each place where you have lived (including residences while attending college or while in military service) during the past ten (10) years.

DATES		ADDRESS (NO., STREET, APT#/FLAT#, CITY/TOWN, STATE/PROVINCE, COUNTRY & ZIP/POSTAL CODE)	OWN OR RENT	NAME, ADDRESS & TELEPHONE NO. OF LANDLORD OR MORTGAGE/BOND HOLDER, IF KNOWN
FROM: (MO/YR)	TO: (MO/YR)			



Initials: _____

OFFICE OF LOTTERY & GAMING

Date: _____

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4. In the chart below, list the names of all your children, step-children and adopted children and the amount of support, if dependent. Also list all other persons who you are supporting or contributing to the support of, and provide the amount of support (if claimed as a dependent).

NAME	DATE OF BIRTH	BIRTH PLACE	ADDRESS (NO., STREET, APT., CITY, STATE, COUNTRY, ZIP CODE)	AMT. OF SUPPORT (IF A DEPENDENT)

5. Please mark the appropriate response regarding your child support obligations:

I am not subject to a court order for the support of a child.

I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the public agency/court enforcing the order for the repayment of the amount owed pursuant to the order (indicate amount in the space above); or

I am subject to a court order for the support of one or more children and am NOT in compliance with the order or a plan approved by the public agency/court enforcing the order for the repayment of the amount owed pursuant to the order.

Identify the public agency/court responsible for enforcing the child support order:

Name: _____

Address: _____

Contact Person: _____

Initials: _____

Date: _____

MILITARY SERVICE DATA

6. Have you ever served in a military organization of any country or have you been an active or inactive member of a reserve force of any country?

Yes No

If yes, provide the following information:

Country of Service: _____

Branch of Service: _____

Service Serial #: _____ Highest Rank Held: _____

Period(s) of Active Service: From: _____ To: _____

From: _____ To: _____

7. Date and type of discharge or separation (Honorable, Dishonorable, Honorable Conditions, Medical, etc.) from Military Service(s):

Date of each discharge/separation: _____

Type of discharge(s): _____

Attach a copy of your military records* labeled as Exhibit 7M. If unavailable, attach a copy of a letter to the appropriate branch of the military requesting a copy of your military records* labeled as an Exhibit 7M. If in reserves, please attach a copy of your discharge papers.

8. Have you ever been tried by military court martial or have you had charges** filed against you?

Yes No

If yes, complete the following chart:

NATURE OF CHARGE OR ARREST	DATE AND LOCATION OF CHARGE OR ARREST	NAME OF MILITARY ORGANIZATION FILING CHARGES	DISPOSITION (CONVICTED, ACQUITTED, DISMISSED, PLEADING, ETC.)	SENTENCE

*In the United States, a military record is called a DD214. If you have served in the U.S. military, you should provide a copy of this record. If your military service was in another country, you should provide a copy of whatever official documentation was provided to you at the time of your discharge.

* Charges filed against you by the military authorities in any country would fall under the Code of Military Justice applicable to that jurisdiction. In the United States, this means any charges filed against you under Article 15 of the Uniform Code of Military Justice (summary court, deck court, captain's mast, company punishment, etc.)

Initials: _____

Date: _____

EDUCATIONAL DATA

9. Beginning with secondary school (high school), provide the information listed below with respect to each school, college, graduate or post graduate school you have attended.

DATES		NAME AND ADDRESS OF SCHOOL, TRAINING PROGRAM, ETC.	DESCRIPTION OF EDUCATION PROGRAM	LIST ANY DEGREE OR CERTIFICATION ATTAINED	GRADUATED YES OR NO
FROM: (MO/YR)	TO: (MO/YR)				



Initials: _____

OFFICE OF LOTTERY & GAMING

Date: _____

10. List all government positions and offices, whether salaried or nonsalaried, held by you during the last ten year period. Begin with the most recent and work backward.

DATES		TITLE OF OFFICE OR POSITION HELD	NAME AND ADDRESS OF GOVERNMENT AGENCY/ORGANIZATION
FROM:	TO:		
(MO/YR)	(MO/YR)		



Initials: _____

OFFICE OF LOTTERY & GAMING

Date: _____

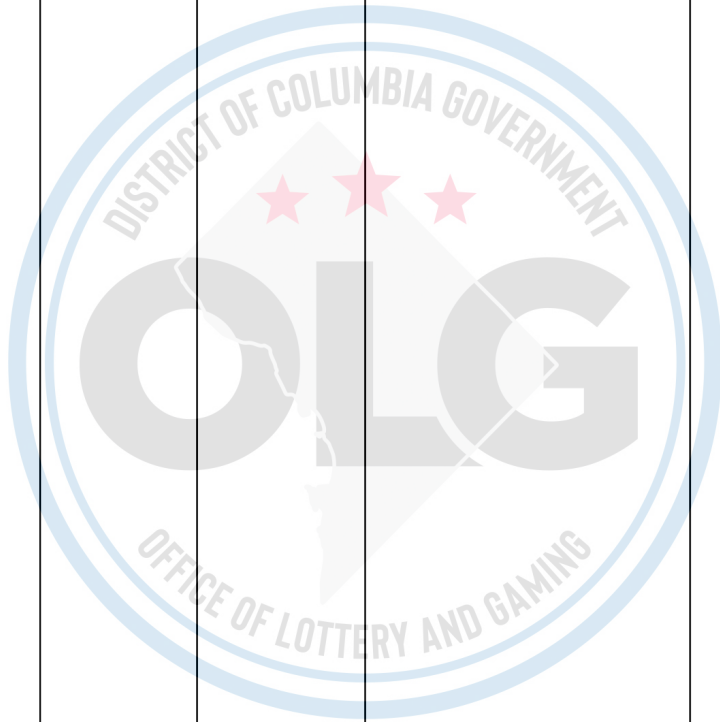
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EMPLOYMENT AND LICENSING DATA

11. Have you ever been employed by a casino or gaming/gambling related company in any^{*} jurisdiction? Yes No

^{*}Casino or gaming/gambling related company includes any form or type of casino, gaming/gambling related operation, any manufacturer of gaming/gambling equipment, junket enterprise, horse racing, dog racing, pari-mutuel operation, lottery, sports betting, Internet gaming, etc.

NAME OF GAMING/GAMBLING GAMING RELATED COMPANY AND COUNTRY/STATE WHERE YOU WERE EMPLOYED	NAME, MAILING ADDRESS AND TELEPHONE NUMBER OF EMPLOYER	DATES		TITLE/POSITION HELD AND DESCRIPTION OF DUTIES	NAME OF SUPERVISOR	REASON FOR LEAVING
		FROM (MO/YR)	TO (MO/YR)			



Initials: _____

OFFICE OF LOTTERY & GAMING

Date: _____

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12. In the chart below, provide the information regarding your employment for the past ten years. Begin with your present job and work backwards. Give dates of any unemployment between jobs in proper sequence. Include all part-time and full-time employment and any military service. For any casino or gaming/gambling related employment identified in the previous question, you are only required to fill in the dates of employment and the name of the casino or gaming/gambling related company on this chart.

DATES		NAME, MAILING ADDRESS, AND TELEPHONE NUMBER OF EMPLOYER(S)	TITLE/POSITION HELD AND DESCRIPTION OF DUTIES	NAME OF SUPERVISOR	REASON FOR LEAVING/ COMPENSATION AT DEPARTURE
FROM: (MO/YR)	TO: (MO/YR)				




Initials: _____

OFFICE OF LOTTERY & GAMING

Date: _____

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12. (Continued)

DATES		NAME, MAILING ADDRESS, AND TELEPHONE NUMBER OF EMPLOYER(S)	TITLE/POSITION HELD AND DESCRIPTION OF DUTIES	NAME OF SUPERVISOR	REASON FOR LEAVING/ COMPENSATION AT DEPARTURE
FROM: MO/YR:	TO: MO/YR				
					

If additional space is needed, please provide an attachment.

Initials: _____

OFFICE OF LOTTERY & GAMING

Date: _____

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With regard to the previously listed employment:

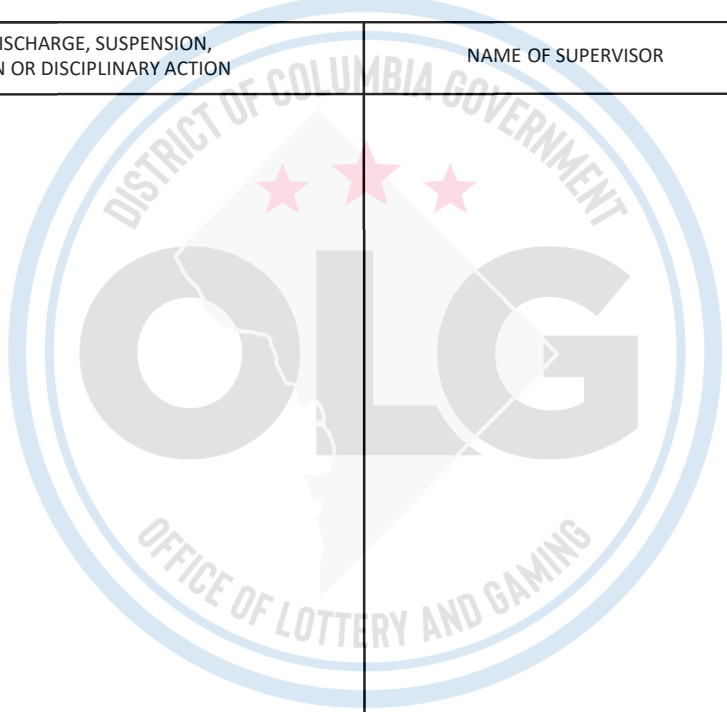
13. Were you ever discharged, suspended or asked to resign from employment? Yes No

14. During the last ten year period, were you ever charged with any infraction in relation to any employment which was the subject of any disciplinary action? Yes No

15. Have you ever been barred or otherwise excluded, for any reason, other than for the denial, suspension or revocation of a license or registration, from any form or type of casino or gaming/gambling related operation in any jurisdiction? (Check "YES" even if the disbarment or exclusion is no longer in effect or has been lifted.) Yes No

If yes to either question, complete the following chart as to each such time you were discharged, suspended, asked to resign or disciplined:

NAME AND ADDRESS OF EMPLOYER	DATE OF DISCHARGE, SUSPENSION, RESIGNATION OR DISCIPLINARY ACTION	NAME OF SUPERVISOR	REASON FOR DISCHARGE, SUSPENSION, RESIGNATION OR DISCIPLINARY ACTION



Initials: _____

OFFICE OF LOTTERY & GAMING

Date: _____

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CIVIL, CRIMINAL AND INVESTIGATORY PROCEEDINGS

The next question asks about any arrests, charges or offenses you may have committed. Prior to answering this question, carefully review the definitions and instructions which follow.

DEFINITIONS: For purposes of this question:

- A. "Arrest" includes any detaining, holding, or taking into custody by any police or other law enforcement authorities to answer for the alleged performance of any "offense."
- B. "Charge" includes any indictment, complaint, information, summons, or other notice of the alleged commission of any "offense."
- C. "Offense" includes all felonies, crimes, high misdemeanors, misdemeanors, disorderly persons offenses, petty disorderly offenses, driving while intoxicated/impaired motor vehicle offenses and violations of probation or any other court order. Juvenile offenses that occurred within the most recent 10 year period are also included within the definition of "offenses."

INSTRUCTIONS:

- 1. Answer "YES" and provide all information to the best of your ability EVEN IF:
 - A. You did not commit the offense charged;
 - B. The charges were dismissed or subsequently downgraded to a lesser charge;
 - C. You completed a Pretrial Intervention (PTI) or equivalent diversionary program in other jurisdictions;
 - D. You were not convicted;
 - E. You did not serve any time in prison or jail; or
 - F. The charges or offenses happened a long time ago.
- 2. Answer "NO" IF any records relating to a charge, an arrest or conviction have been expunged or otherwise officially sealed by a court or government agency .

IMPORTANT

The OLG will make inquiries to establish whether you have had any involvement with law enforcement agencies.

Failure to disclose any such involvement will be taken into account in assessing your character, honesty and integrity.

Initials: _____

OFFICE OF LOTTERY & GAMING


Date: _____

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16. Have you ever been arrested or charged with any crime or offense in any jurisdiction?

V

If yes, complete the following chart:

NATURE OF CHARGE OR OFFENSE/ LOCATION OF WHERE INCIDENT OCCURRED	DATE OF CHARGE OR OFFENSE	NAME AND ADDRESS OF LAW ENFORCEMENT AGENCY OR COURT INVOLVED	DISPOSITION (CONVICTED, ACQUITTED, DISMISSED, PENDING, PARDONED, ETC.)	SENTENCE
				

Initials: _____

OFFICE OF LOTTERY & GAMING

Date: _____

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17. To the best of your knowledge, has a criminal indictment, information or complaint ever been filed or returned against you, but for which you were not arrested or in which you were named as an not indicted party or not indicted co-conspirator in any criminal proceeding in any jurisdiction?

Yes No

If yes, complete the following chart:

NAME AND ADDRESS OF GOVERNMENTAL AGENCY/ORGANIZATION INVOLVED	NATURE OF PROCEEDING	DATE

18. Have you ever been the subject of an investigation conducted by any governmental agency/organization, court, commission, committee, grand jury or investigatory body (local, state, county, provincial, federal, national, etc.) other than in response to a traffic summons?

Yes No

If yes, complete the following chart:

NAME AND ADDRESS OF COURT OR OTHER AGENCY	NATURE OF PROCEEDING OR INVESTIGATION	WAS TESTIMONY GIVEN?	DATE ON WHICH TESTIMONY WAS GIVEN	APPROXIMATE TIME PERIOD OF INVESTIGATION

Initials: _____

OFFICE OF LOTTERY & GAMING

Date: _____

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19. a. Have you ever been called to testify before, or otherwise been questioned, interviewed, deposed, or requested to take a polygraph exam by any governmental agency/organization, court, commission, committee, grand jury or investigative body (local, state, county, provincial, federal, national, etc.) in any jurisdiction other than in response to a traffic summons? **Not applicable to Supplier owners and key personnel** Yes No

b. Have you ever been subpoenaed to appear or testify before a federal, national, state, county grand jury, or other criminal investigatory agency or body, or any board or commission, or any civil, criminal or administrative proceeding or hearing? Yes No

If yes to either question, complete the following chart:

NAME AND ADDRESS OF COURT OR OTHER AGENCY/ORGANIZATION	NATURE OF PROCEEDING OR INVESTIGATION	WAS TESTIMONY GIVEN?	DATE ON WHICH TESTIMONY WAS GIVEN	APPROXIMATE TIME PERIOD OF INVESTIGATION

20. Have you ever received a pardon, or has any government agency/organization agreed to dismiss, suspend or defer any criminal investigation or prosecution against you for any criminal offense? Yes No

If yes, complete the following chart:

DATE OF PARDON, DISMISSAL, SUSPENSION, OR DEFERAL	TYPE OF ACTION TAKEN	NAME AND ADDRESS OF GOVERNMENT AGENCY/ORGANIZATION GRANTING PARDON, DISMISSAL SUSPENSION OR DEFERAL

Initials: _____

OFFICE OF LOTTERY & GAMING


Date: _____

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21. In the past ten (10) years, have you as an individual, member of any general partnership, business venture, sole proprietorship or closely held corporation, which you were associated with as an owner, director, or officer ever been a party to a lawsuit, as either a plaintiff or defendant or an arbitration as either a claimant or defendant? (Include matrimonial matters, negligence matters, auto accident matters, contract matters, collection matters, debt matters, bankruptcies, etc.) **Not applicable to Supplier owners and key personnel**

Yes No

If yes, complete the following chart:

DATE FILED	NAME & ADDRESS OF COURT	DOCKET/CASE NUMBER	OTHER PARTIES TO SUIT	NATURE OF SUIT	DISPOSITION	DATE OF DISPOSITION
						

Initials: _____

OFFICE OF LOTTERY & GAMING


Date: _____

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22. In the past ten years, have you been cited or charged with, or formally accused of, any violation of a statute, regulation or code of any local, state, county, municipal, provincial, federal or national government other than a criminal, disorderly persons, petty disorderly person or motor vehicle violation?

If yes, complete the following chart:

Yes No

GOVERNMENTAL AGENCY/ORGANIZATION	NATURE OF CHARGE	DATE	DISPOSITION
			

Initials: _____

OFFICE OF LOTTERY & GAMING

Date: _____


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FINANCIAL DATA

23. Have any individual, local, city, county, provincial, state, Federal, national, or any other governmental liens/debts been filed against you as an individual, sole proprietor, member of a partnership, or owner of a corporation in any jurisdiction? This includes ALL taxes payable for which you are obligated.

If yes, complete the following chart:

Yes No

NATURE OF LIEN/DEBT/TAX	DATE FILED/RELEVANT AUTHORITY	WHERE FILED	CURRENT STATUS/AMOUNT DUE
			

Initials: _____

OFFICE OF LOTTERY & GAMING

Date: _____

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24. Have you personally ever been adjudicated bankrupt or filed a petition for any type of bankruptcy, insolvency or liquidation under any bankruptcy or insolvency law in any jurisdiction?

If yes, complete the following chart:

Yes No

DATE FILED	DOCKET/CASE NUMBER	NAME AND ADDRESS OF COURT	NAME AND ADDRESS OF TRUSTEE

25. In the past ten years, have you ever had any real property repossessed by a finance company in any jurisdiction?

If yes, complete the following chart:

Yes No

DESCRIPTION OF PROPERTY	DATE REPOSSESSED	NAME AND ADDRESS OF COMPANY REPOSSESING PROPERTY	REASON FOR REPOSESSION	

Initials: _____

OFFICE OF LOTTERY & GAMING

Date: _____

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26. In the last ten years, have you as an individual, member of a partnership, or owner, director or officer of a corporation ever been in a business entity that has been in liquidation, receivership or been placed under some form of governmental administration or monitoring?

If yes, complete the following chart:

Yes No

NAME AND ADDRESS OF BUSINESS ENTITY	YOUR RELATIONSHIP TO BUSINESS ENTITY	DATE PLACED UNDER LIQUIDATION, RECEIVERSHIP, ETC.	REASON PLACED UNDER LIQUIDATION, RECEIVERSHIP, ETC.	PRESENT STATUS

27. Have your wages, earnings, or other income been subject to garnishment, attachment, charging order, voluntary wage execution or the like during the past ten year period?

If yes, complete the following chart:

Yes No

DATE FILED	DOCKET/CASE NUMBER	NAME AND ADDRESS OF COURT	NATURE OF OBLIGATION	AMOUNT OF OBLIGATION	NAME AND ADDRESS OF HOLDER OF OBLIGATION

Initials: _____

OFFICE OF LOTTERY & GAMING

Date: _____

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STATEMENT OF TRUTH

STATE/PROVINCE OF _____:

SS:

COUNTY/DISTRICT OF _____:

_____, being duly sworn according to law deposes and says:

1. I am the individual who is submitting this personal history disclosure form.
2. I personally supplied the information contained in this form.
3. I understand and read the English language or I have had an interpreter read, explain and record the answer to each and every question on this personal history disclosure form.
4. Any document accompanying this Office of Lottery & Gaming Personal History Disclosure Form that is not an original document is a true copy of the original document.
5. I swear (or affirm) that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

DATED: _____ (LEGAL SIGNATURE)

(Signature of Applicant)

Subscribed and sworn to before me this _____ day of _____

NOTARY PUBLIC, JUSTICE OF THE PEACE/
COMMISSIONER FOR DECLARATIONS OR OTHER PERSON
AUTHORIZED TO TAKE DECLARATIONS

STATE/PROVINCE, COUNTRY

**Authorization for Fingerprinting, Background Check,
Credit Check and Release of Information**

I am an applicant 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 Finger Printing, Background Check, Credit Check and Release of Information, I expressly authorize any local, State or federal governmental body; commercial or business enterprise; non-profit entity; individual; or any other public or private entity, to release to the OLG any and all information about me that the OLG requests. The requested information may be released in written, verbal, electronic, or any other form.

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 may 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, if necessary, 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.

I have agreed to submit this Authorization for Finger Printing, Background Check, Credit Check and Release of Information electronically. I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

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 application, I certify that my answers are correct and complete to the best of my knowledge.

I also certify that:

- I understand the questions and statements on this application.
- I have read and understand the legal information contained on this application.
- 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.

PRINT NAME

SIGNATURE **DATE**

