****Before Moving Foreword Please Complete The Below Section****

1. Name of Associated Company:_____
2. Name of Applicant:_____

Multi Jurisdictional Personal History Disclosure Supplemental Form

MGCB - 3110

Maine Gambling Control Unit

Maine Gambling Control Unit
Department of Public Safety
87 State House Station
45 Commerce Drive, Suite 5
Augusta, Maine 04333-0087
(207) 626-3900 – Office
(207) 626-4356 – Fax

No hard copies will be accepted. All applications and attachments must be submitted on a USB drive or secure link for download.

NOTE: The MGCB - 3110 Supplemental along with all attachments, are submitted in an electronic format; i.e., thumb drive with each document being clearly labeled. For investigative efficiency, document dumps will not be accepted. For any required document not submitted with the application, provide an explanation and time frame for compliance.

INFORMATION THAT IS CONFIDENTIAL PURSUANT TO 8 MRS §1404(3)(H) MAY NOT BE DISSEMINATED BY THE DIRECTOR OR DICSCLOSED TO ANY OTHER PERSON OR ENTITY EXCEPT AS PROVIDED IN §1404(3)(F). OTHER AREAS MAY BE CONFIDENTIAL IF PROTECTED BY APPLICABLE STATE OR FEDERAL LAW, THE INDIVIDUAL COMPLETING THIS PERSONAL HISTORY DISCLOSURE FORM SHALL DISCLOSE THIS INFORMATION WITH THIS FORM IF KNOWN.

PERSONAL HISTORY DISCLOSURE FORM INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM. PLACE A CHECKMARK IN THE APPROPRIATE BOX FOR ALL YES OR NO ANSWERS.

I. COMPLETING THIS FORM:

a. Documents submitted to the Gambling Control Unit by or on behalf of an applicant for purposes of determining the qualifications of the applicant shall be sworn to or affirmed before a notary public in accordance with Unit Rules, Ch. 72. (1)(5) If any form or document is signed by an attorney for the applicant, the signature shall certify that the attorney has read the forms or documents and that, to the best of his or her knowledge, information, and belief, based on diligent inquiry, the contents of the form or documents so supplied are true.

b. To the extent, if any, that the information supplied by the applicant or on the applicant's behalf becomes outdated, inaccurate, or incomplete, the applicant shall notify the Director within 30 days in writing as soon as it is aware that the information is outdated, inaccurate or incomplete, and shall at that time supply the information necessary to correct the timeliness, inaccuracy, or incompleteness of the information.

c. The applicant shall cooperate fully with the Unit, 3rd party contractor, in any background investigation of the applicant.

d. You must make accurate statements and include all material facts. Any misrepresentation, or the failure to provide requested information, may result in the denial of the application submitted to the Unit.

e. 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" or "Not Applicable" in response to that question. Failure to provide a response to every question could result in the delay or rejection of the application submitted to the Unit.

f. All entries on this form, except signatures, must be typed or printed in block lettering. If this form is not legible, it will not be accepted.

g. If the space available is insufficient to respond to a question, please supply the required information on the last page or an additional page and clearly identify which question you are answering with initials and date.

h. If you make any modifications to the pre-printed questions or information contained in this form without the consent of the Director or Maine Gambling Control Unit staff, this form will be rejected. Once this form is accepted, it becomes the property of the Maine Gambling Control Unit and will not be returned.

II. BE SURE TO:

a. Sign the Affirmation and Consent on page 4 in the presence of a notary public or other person legally authorized to notarize your signature.

b. Sign the Request to Release Information form on page 5 and your spouse, if applicable, in the presence of a notary public or other person legally authorized to notarize your signature.

c. Attach the following documents:

1. A recent (within the past 6 months) color photograph of yourself in the space provided on page 8.
2. A current copy of your resume.
3. Provide signed copies of the personal federal, state and or foreign income tax returns for the past 3 years.
4. Your DD214, if applicable.
5. A copy of your Driver's License.
6. A copy of your Birth Certificate.
7. Copies of all pages of your Passport (Ensuring that all visa, work permit and permanent residence entries are clearly legible).
8. Educational Verification (i.e., Copies of Diplomas, Certificates and Degrees).
9. Criminal record Character Certificate for Non-US Citizens (Foreigners must submit an original police clearance certificate or the equivalent from the county of origin).
10. Marriage Certificate or Divorce Decree (copies be submitted, if applicable).

d. Ensure that the two F.B.I. fingerprint cards are filled out completely and signed. In addition, the Fingerprint procedures are on page 7-8 must be completed.

e. Retain a completed copy of the Multi Jurisdictional Personal History Disclosure Form package for your own records. This would include MGCU - 3100 MJPHD, MGCU - 3110 and supporting documents.

f. Include the non-refundable Multi Jurisdictional Personal History Disclosure background fee of $1200.00.

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AFFIRMATION & CONSENT

Name of Applicant

I, _____ , state the following:

A. That the statements made in the Personal History Disclosure Form and any documents made a part of the Personal History Disclosure Form are true and correct;

B. That I understand that the information provided on this Personal History Disclosure Form required by the Unit/Board is used by the Unit/Board, along with other information, in judging the applicant's suitability and that this information may be cause for refusal to issue a license; and

C. That I understand that knowingly making a false statement in the application or in a document made a part of the application, might provide grounds for refusal to issue a license or other disciplinary action, up to and including full revocation or suspension of a license.

I understand that I/the applicant may be subject to criminal prosecution for making false statements on my application, based on the following:

A. Making a false statement under oath or affirmation constitutes false swearing in violation of 17-A M.R.S.A. § 452 (Class D) provided that I do not believe the statement to be true and that I make the statement with the intent to mislead a public servant performing his/her official duties.

B. Making a false written statement that I do not believe to be true on my application constitutes unsworn falsification in violation of 17-A M.R.S.A. § 453 (Class D).

C. Making a false written statement that I do not believe to be true with the intent to deceive a public servant in the performance of his/her official duties constitutes unsworn falsification in violation of 17-A M.R.S.A. § 453 (Class D).

I further consent to any background investigation necessary to determine the present and continuing suitability of the Applicant and that this consent continues as long as the Applicant holds a Maine gaming license or certification, and for 90 days following the expiration or surrender of such gaming license or certification. I understand that further information may be requested of the Applicant in regard to this application, and that the Applicant agrees to supply such information upon request.

I understand that the information provided in this form along with other information will be used by the Unit/Board to judge my suitability and that this information may be cause for the refusal to issue a license.

I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

In witness Whereof, I have executed this release at_____, _____
City *State*

on the _____ day of _____, 20____

_____
Applicant Signature

State of: _____)

County of: _____)

Subscribed sworn to before me by: _____

This_____day of _____,20____

My commission expires: _____

_____
Signature (Notary Public)

APPLICANT'S REQUEST TO RELEASE INFORMATION

Print Name: _____

NOTE: IF YOU ARE MARRIED, YOUR SPOUSE'S SIGNATURE IS REQUIRED BELOW.

1. I/We hereby authori e and request full disclosure and release of any and all information, materials, and documents concerning me/ us requested by the Maine Gambling Control Unit / Board, 3rd party contractor, its agents, or employees, whether the information, materials, and documents are of a public, private, or confidential nature and whether the information, materials, and documents would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.
2. I/We understand that my application will result in a financial records check. I/We authorize the person named above to release to the Unit / Board, 3rd party contractor, its agents, or employees, a complete and accurate record of my/our financial transactions, including but not limited to internal banking memoranda, past and present loan applications, checking account records, savings deposit records, safe-deposit box records, securities transactions, and any other documents relating to my/our personal or business financial records in whatever form and wherever located.
3. I/We authorize the Unit/ Board, 3rd party contractor, its agents, or employees to determine the person or entity to which this request is to be presented and to insert that person or entity's name in the appropriate location in this request.
4. I/We understand that the Unit / Board, 3rd party contractor, its agents, or employees will conduct a complete and comprehensive investigation to determine the validity of all information gathered. The Unit, the State of Maine, and the agents and employees of either will not be held liable for inaccurate information.
5. If this request is not sufficient to obtain access to certain records, I/We understand that I/We or another authorized representative of the applicant may be asked to sign another appropriate authorization or release and that any failure to do so may be taken into consideration by the Unit / Board, 3rd party contractor, its agents, or employees in reviewing the application.
6. I/We understand that I/We may revoke this request in writing at any time and that the Unit / Board, 3rd party contractor, its agents, or employees may take the revocation into consideration in reviewing the application.
7. This request is valid for a period not to exceed 18 months from the date of execution.
8. I/We, for the applicant and its agents, administrators, successors, and assigns, hereby release the providers of the information collected pursuant to this request, and their agents and employees, from any and all liability arising out of or by reason of complying with this request.
9. A photocopy of this request will be considered as valid and effective as the original.

Printed Full Legal Name of Agent (First, Middle, Last)	
Signature	Date

Printed Spouse's Full Legal Name of Agent (First, Middle, Last)	
Signature	Date

NOTARY USE ONLY

State of: _____)

County of: _____)

Subscribed sworn to before me by: _____, _____

This_____ day of _____ ,20 ___

My commission expires: _____

_____
Signature (Notary Public)

PERSONAL DATA

PLEASE PRINT OR TYPE THE ANSWERS TO THE FOLLOWING QUESTIONS IN THE SPACES PROVIDED

NAME: **LAST** (INCLUDE SR., JR., ETC., IF APPLICABLE) **FIRST** **MIDDLE**

SEX **EYE COLOR** **HAIR COLOR** **HEIGHT (FEET/INCHES)** **WEIGHT (LBS)**

MAILING ADDRESS/POSTAL ADDRESS: **CITY/TOWN** **STATE/PROVINCE** **ZIP/POSTAL CODE**
NUMBER AND STREET APT #

HOME ADDRESS: (IF DIFFERENT THAN MAILING ADDRESS/POSTAL ADDRESS)
NUMBER AND STREET APT # **CITY/TOWN** **STATE/PROVINCE** **ZIP/POSTAL CODE**

TELEPHONE NUMBER: ( ) _____
(AREA CODE & NUMBER)

EMAIL ADDRESS: _____

PRESENT BUSINESS ADDRESS:
NUMBER AND STREET APT # **CITY/TOWN** **STATE/PROVINCE** **ZIP/POSTAL CODE**

BUSINESS TELEPHONE NUMBER: ( ) _____ **EXT.** _____
(AREA CODE & NUMBER)

FAX NUMBER: ( ) _____
(AREA CODE & NUMBER)

DATE OF BIRTH: (MM/DD/YYYY) **PLACE OF BIRTH** (CITY/STATE/COUNTRY)

SOCIAL SECURITY NUMBER: _____ *****

The following statement is made pursuant to the Privacy Act of 1974, §7(b): Disclosure of your Social Security number is mandatory. Solicitation of your Social Security number is solely for the investigation of the qualifications and suitability of an applicant for a slot machine operator, casino operator, slot machine distributor, table game distributor, or gambling services vendor license pursuant to 8 MRS §§ 1404. Chapter 72 of the Internet Gaming Gambling Control Unit Rules allows the Unit to request the social security numbers of all individuals who are directors, officers, owners, partners, key executives, and any other individual who exert significant influence in a company as part of an application for one of these licenses. **No further use will be made of your Social Security number without your consent. It shall be treated as confidential information pursuant to 8 MRS §1404(3).

MAINE GAMBLING CONTROL UNIT

Pursuant to Title 8 MRS § 1204 (3) the Department of Public Safety shall exchange fingerprint data with, and receive criminal history record information from, the Federal Bureau of Investigation for use in considering an applicant for a license issued pursuant to the provisions of Title 8 MRS, Chapter 35 regulation of sports wagering statute. In addition, pursuant to 8 MRS §1204, the Director has the authority to request information to investigate the qualifications and suitability of an applicant under §1204 (2) as an employee with control of an applicant or a licensee as a key executive, director, officer, partner, shareholder, creditor, owner, and/or associates of the applicant. Therefore, all fingerprints submitted will be run through the FBI for a criminal history check.

FINGERPRINT VERIFICATION

This form is to be completed by the law enforcement agency, or upon Director approval, another entity providing the service of a certified, full-time, law enforcement or corrections officer who takes your fingerprints*. Cards are to be filled out in <u>BLACK INK</u>.

The enclosed fingerprint cards contain the prints of _____
Name

Name of Person Taking Fingerprints	*Title*
Law Enforcement Agency Name	
ORI # or Certification #	
Signature	*Date*

***QUESTIONS REGARDING THIS FORM CAN BE ADDRESSED BY CALLING THE MAINE GAMBLING CONTROL UNIT AT (207) 626-3900.**

Privacy Act Statement

This privacy act statement is located on the back of the FD-258 fingerprint card.

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of the application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 03/30/2018

The FBI Privacy Act Statement can be found at https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement.

Applicant Notification of Procedures for Obtaining an Amendment to an FBI Record
Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or update of an FBI criminal history record are set forth at 28 CFR 16.34. Information regarding this process may be found at https://www.fbi.gov/services/cjis/identity-history-summary-checks and https://www.edo.cjis.gov.