

HAVE YOU EVER BEEN CHARGED OR CONVICTED OF A CRIMINAL OFFENCE? Yes No

If **YES**, provide details.

<i>Date and Place of Sentencing</i>	<i>Offence</i>	<i>Penalty</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify that the information in this application and any attachments are true, correct and complete to the best of my knowledge and belief. I understand that any false statement made in this application and any attachments may disqualify me from being registered.

I hereby consent to and authorize AGLC to undertake a criminal record check to determine my eligibility to be involved in gaming facilities, in accordance with AGLC policies. An applicant may also be required to obtain a criminal record check from a police agency and provide the original document to AGLC.

Signature

Date

The information you are providing on this application form is collected under the authority of the *Gaming, Liquor and Cannabis Act*, *Gaming, Liquor and Cannabis Regulation*, and the *Freedom of Information and Protection of Privacy (FOIP) Act*, section 33(c). The information is strictly for the use of AGLC in assessing your eligibility.

Your personal information is protected by Alberta's FOIP Act and can be reviewed upon request.

If you have any questions about the collection or use of the information, please contact:

AGLC
50 Corriveau Avenue
St. Albert, Alberta T8N 3T5
Telephone: 780-447-8600
Toll-free: 1-800-272-8876

ENSURE THE FOLLOWING IS ATTACHED TO THIS APPLICATION:

FOR FIRST TIME APPLICANTS:

- Copy of Birth Certificate, Canadian Citizenship or Immigration Documents.

Any questions regarding this form may be directed to:

AGLC, Regulatory Services
50 Corriveau Avenue
St. Albert, Alberta T8N 3T5

Telephone: 780-447-8600
Fax: 780-447-8912 or 780-447-8911