



## REGISTRATION APPLICATION FOR CASINO ADVISOR EXAMINATION

50 Corriveau Avenue  
St. Albert, Alberta T8N 3T5

Phone: 780-447-8600  
Toll Free : 1-800-272-8876

Email : gaming.registrations@aglc.ca  
Website: aglc.ca

Application Date:	<u>  yy  </u>   <u>  mm  </u>   <u>  dd  </u>	Exam Date:	<u>  yy  </u>   <u>  mm  </u>   <u>  dd  </u>	Location:	_____
Examination Type:	<input type="checkbox"/> Cash Cage	<input type="checkbox"/> Count Room	<input type="checkbox"/> Dual		
Which type of Casino Facility do you plan to train in:	<input type="checkbox"/> Traditional	<input type="checkbox"/> Host First Nations			
Is this the first, second or third time you have written the Casino Advisor Exam?	<input type="checkbox"/> First	<input type="checkbox"/> Second	<input type="checkbox"/> Third		
Are you currently registered as a gaming worker with the AGLC?	<input type="checkbox"/> Yes, Registration # _____		<input type="checkbox"/> No		

**PLEASE PRINT CLEARLY**

Full Name _____ <div style="text-align: right; margin-left: 200px;"><i>Last Name</i></div> <hr/> <div style="text-align: left; margin-right: 200px;"><i>First and Middle Names</i></div>	Mailing Address _____ <div style="display: flex; justify-content: space-between; margin-left: 200px; margin-right: 200px;"> <span><i>Apt #</i></span> <span><i>Street Address or PO Box</i></span> </div> <hr/> <div style="display: flex; justify-content: space-between; margin-left: 200px; margin-right: 200px;"> <span><i>City</i></span> <span><i>Province</i></span> <span><i>Postal Code</i></span> </div>
Other Alias(es): _____ _____	Contact Phone _____ Email Address _____
Home Address <input type="checkbox"/> Same as mailing address OR	
Date of Birth <u>  yy  </u>   <u>  mm  </u>   <u>  dd  </u>	<i>Apt #</i> _____ <i>Street Address or PO Box</i> _____
Place of Birth _____ <div style="display: flex; justify-content: space-between; margin-left: 200px; margin-right: 200px;"><span><i>City/Town</i></span> <span><i>Province, Country</i></span></div>	<i>City</i> _____ <i>Province</i> _____ <i>Postal Code</i> _____
Citizenship Status: <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Other ( <i>describe</i> ) _____	

The following documentation must be submitted with the Registration Application:

Current original criminal records check from local city police or RCMP detachment (dated within the last three months). Copies of criminal records checks will not be accepted with the exception of on-line criminal records checks from Edmonton Police Service or Calgary Police Service. No other on-line or third party criminal records checks will be accepted.

Casino Advisor examination fee - \$100.00 (cheque or money order payable to AGLC).

_____ <b><i>Applicant's signature</i></b>	_____ <b><i>Date</i></b>
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**Protection of Privacy** – The personal information requested on this form is collected under the authority of Section 33(c) of the *Freedom of Information and Protection of Privacy Act* and will be protected under Part 2 of that Act. The information will be used to determine eligibility for employment for registered gaming workers. Direct any questions about this collection to: AGLC FOIP Coordinator, 50 Corriveau Avenue, St. Albert, AB T8N 3T5, 780-447-8600 or toll free at 1-800-272-8876.