

Self-Exclusion Removal Request

CGCC-CH7-06 (New 05/20)
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BUREAU USE ONLY
BGC ID# _____



MAIL COMPLETED FORM TO:
 BUREAU OF GAMBLING CONTROL
 P.O. Box 168024
 Sacramento, CA 95816-8024
 (916) 830-1700

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY BEFORE YOU COMPLETE THIS FORM

All information must be typed or printed legibly in blue or black ink. Any questions that do not apply should be indicated with "N/A" (Not Applicable). If the space available is insufficient, attach a separate sheet of paper and precede each answer with the applicable section and question number. Any corrections, changes, or other alterations must be initialed and dated by the requestor.

SECTION 1: PERSONAL INFORMATION

FULL NAME: LAST	FIRST	MIDDLE
ALIAS(ES), NICKNAME(S), OTHER FORMER LEGAL NAMES		
RESIDENCE (STREET, CITY, STATE, ZIP CODE)		
MAILING ADDRESS IF DIFFERENT THAN CURRENT RESIDENCE (STREET, CITY, STATE, ZIP CODE)		
PRIMARY TELEPHONE NUMBER	SECONDARY TELEPHONE NUMBER	EMAIL ADDRESS

SECTION 2: RESTRICTION REQUEST

Effective date of exclusion: _____
 (MM/DD/YYYY)

SECTION 3: DECLARATION

_____ I voluntarily seek to remove myself from the list of self-excluded persons.
 (INITIAL HERE)

_____ I understand that a cardroom business licensee is not required to allow me re-admittance for the purpose of gambling, at its sole discretion.
 (INITIAL HERE)

_____ I understand that my removal from the list of self-excluded persons will not be effective until I have received an acknowledgement from the Department of Justice, Bureau of Gambling Control.
 (INITIAL HERE)

I agree to indemnify the State of California, the California Gambling Control Commission, the Bureau of Gambling Control, the Office of Problem Gambling and any gambling enterprise for any liability relating to this request.

Specifically, I for myself, my heirs, executors, administrators, successors, and assigns, hereby release and forever discharge the California Gambling Control Commission, the Bureau of Gambling Control, the Office of Problem Gambling, the cardroom business licensee or participating gambling facility, their agents, employees, officers, and Directors from any and all claims in law or equity that I now have, or may have in the future, against all or any of the Released Parties arising out of, or by reason of, the actions (or gambling losses) that may occur upon my return to a gambling establishment.

I declare that all information submitted on or with this self-restriction form is true, correct, and complete.

PRINTED NAME	SIGNATURE	DATE (MM/DD/YYYY)
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