CG-AFF
SF
(5-03)

State of Indiana
Charity Gaming Operator/Worker Affidavit

This form is for the organization's records. Do not send this form to the Indiana Gaming Commission. The completed form should be returned to the organization.

Full Name: _____ Driver's License or State I.D. #: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Current State of Residence: _____

Organization Name: _____

Organization Address: _____

_____

I will be involved as:
(*Check all that apply*)

- ❑ Operator
- ❑ Worker

If you are applying to be an Operator/Worker for this organization, you must meet the following criteria as defined in IC 4-32.2-5-15 or IC 4-32.2-5-16:

An operator must be a member in good standing of the qualified organization that is conducting the allowable event for at least (1) year at the time of the allowable event. A worker must be a member in good standing of a qualified organization that is conducting an allowable event for at least thirty (30) days at the time of the allowable event.

By signing this affidavit you are certifying your eligibility to be an Operator/Worker for the above-named organization.

Under penalties of perjury, I declare that the information I have furnished above is, to the best of my knowledge true, correct and complete.

_____	_____	_____
Signature	**Printed Name**	**Date**