



APPLICATION FOR POSITION CHANGE OR REPLACEMENT BADGE

State Form 53543 (3-08)

INDIANA GAMING COMMISSION

Casino Name: _____

OR

Supplier Name: _____

Occupational Licensee Identification

Last name		First name		Middle initial	Maiden name	
Address (number and street)			City		State	Zip code
Telephone number		SSN (last four digits) XXX-XX-_____		Occupational license number		

Position Change

**An increase in License level requires that a new application be completed*

Current position		Current department/division		Current supervisor		Current license level*
New position		New department/division		New supervisor		New license level*
Effective date (month, day, year)	Was the old IGC badge collected? <input type="checkbox"/> Yes <input type="checkbox"/> No		Human Resources authorization Signature: _____ Date: _____			

Reinstatement

**A license may be reinstated only if the applicant returns to the same employer within 60 days following separation of service*

New position		New department/division		New supervisor		New license level
Reinstatement date* (month, day, year)	Human Resources authorization Signature: _____ Date: _____					

Lost/Damaged Badge or Name Change

Lost Stolen Damaged Name Change

New last name (if applicable)		New first name (if applicable)		New middle initial	New maiden name (if applicable)	
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Signatures

All costs in connection with the issuing of this IGC Badge will be billed to the Casino or Supplier. Any reimbursement on the part of the Applicant is the responsibility of the Casino or Supplier.

The Applicant has been made aware that making a false statement on this application will be grounds for the revocation of same. All necessary steps have been taken to surrender previously issued IGC badge.

Signature of Applicant

Date (month, day, year)

Name of IGC Agent

Identification number

Date (month, day, year)