

REQUEST FOR REPLACEMENT KEY EMPLOYEE LICENSE

BGC 034 (Rev. 10/2017)



Bureau of Gambling Control
 P. O. Box 168024
 Sacramento, CA 95816-8024
 (916) 830-1700

Pursuant to Business and Professions Code section 19854, every key employee shall apply for an obtain a key employee license. A request for replacement key employee license shall be made to the Bureau of Gambling Control (Bureau) when a key employee license has been lost, stolen, damaged, or as needed to reflect a change of name. Upon submitting the information below, the Bureau will issue a replacement key employee license.

Instructions: Type or print legibly, in ink, all information requested on this application. Applications not fully and accurately completed will be returned.

Please send the completed application to the Bureau of Gambling Control, P. O. Box 168024, Sacramento, CA 95816-8024 and attach a non-refundable application fee of \$25.00 and a 2 X 2 inch color passport-style photograph taken no more than 30 days prior to the date of this request.

SECTION 1 - LICENSEE INFORMATION

Licensee's Last Name	First Name	Middle Initial
Residence Address		License Number
Mailing Address (if different than above)		

SECTION 2 - EMPLOYMENT STATUS INFORMATION

I hereby request a replacement license because:

- My license was lost, stolen, or destroyed.
- I did not receive my license in the mail.
- My name has changed.

In order to process your request due to a name change you must include a copy of **one** of the following documents with this form that reflects your change of name:

- Marriage Certificate
- Certified Court Order
- Naturalization Certificate
- Final Dissolution Decree
- Notarized Statement Attesting to the Fact of the Name Change
- Other (explain):
- Other (explain):

SECTION 3 - DECLARATION / SIGNATURE

I declare under penalty of perjury under the laws of the State of California that I have personally completed this form and know that the contents thereof, and the information contained herein, including all corrections, changes and other alterations, is true, accurate, and complete.

Signature of Licensee	Date
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