

# THIRD PARTY PROPOSITION PLAYER SERVICES EMPLOYEE REPORT

BGC-440 (Rev. 04/2013)



**PLEASE SEND COMPLETED APPLICATIONS TO:**

Bureau of Gambling Control  
P. O. Box 168024  
Sacramento, CA 95816-8024

Submitted pursuant to California Code of Regulations (CCR), Title 4, section 12200.14  
(Type or print clearly in Ink)

Name of Primary Owner

Identify every individual who is, or who has been since the filing of the previous report, employed by the above primary owner as an owner, supervisor, player, or other employee as defined in CCR, Title 4, section 12200. Attach additional sheets as necessary.

Employee Name	*Social Security Number	Job Title	Description of job duties, responsibilities and authority

Signature of Applicant's Designated Representative

Typed or Printed Name

Date

\*Disclosure of your U.S. social security account number is mandatory. Section 30 of the Business and Professions Code, section 17520 of the Family Code, and Public Law 94-455 (42 USC section 405(c)(2)(C)) authorize collection of your social security account number. Your social security account number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for child or family support in accordance with section 17520 of the Family Law Code. If you fail to disclose your social security account number, your application will not be processed and you may be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.