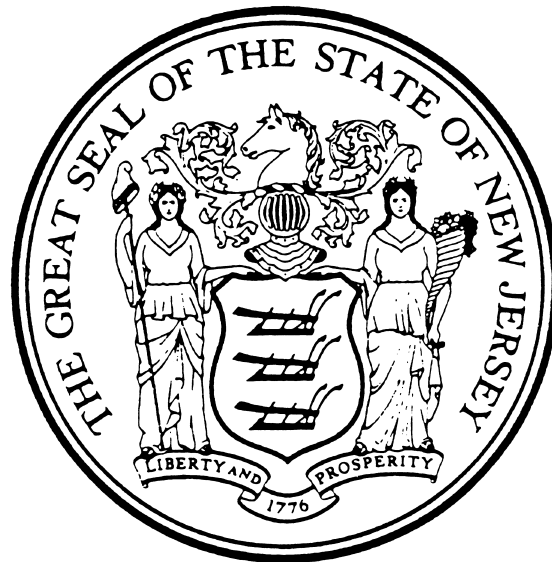


STATE OF NEW JERSEY
Division of Gaming Enforcement



PERSONAL HISTORY DISCLOSURE FORM 3

Casino Employee Registration

Fingerprint Instructions for the DGE Arcade Building

An applicant must pre-register and schedule an appointment through [IdentoGO's](#) website to be fingerprinted and submit your application at the New Jersey Division of Gaming Enforcement (DGE) Records and Identification Unit located at 1325 Boardwalk, Atlantic City, NJ 08401. There is no standalone charge for fingerprinting at the DGE location.

Please be sure to bring your completed application with proper identification to your appointment. The application is found on the DGE website under Forms. The application for a Casino Employee Registration (35) is Form #1.

Applicants, in accordance with DGE regulations, will be required to show proper forms of identification at the DGE Arcade Building. There are no exceptions to this rule.

Appointments are required for the DGE's Records and Identification Unit located in Atlantic City, New Jersey. In order to schedule an appointment, applicants must read pre-enrollment instructions and must pre-register for appointments through [IdentoGO](#). The instructions for the DGE Atlantic City location are listed below.

Pre-Enrollment and Scheduling Instructions for the New Jersey Division of Gaming Enforcement Office in Atlantic City, NJ:

To be fingerprinted at the DGE Identification Unit in Atlantic City, NJ, you must go to [IdentoGO's](https://identogo.com) website or visit the following website directly <https://uenroll.identogo.com> to pre-enroll and schedule your fingerprint appointment/Application Submission.

1. First you will be prompted to enter the Service Code below.

The below listed Service Code must be utilized to be fingerprinted at the DGE location, located at 1325 Boardwalk on the corner of Tennessee Ave & the Boardwalk in Atlantic City, NJ:

Registration

Casino Employee Registration (35)

Service Code

[Service Code 2F12GJ](#)

2. After entering the service code, an applicant will then have to select the “schedule or manage appointment” link on the Identogo site.
3. At this point, the applicant is then prompted to enter the name, date of birth, and contact information. Click the Next button.
4. In the next screen, the applicant will be asked to enter a Contributor Case Number. For the DGE, enter **NJDGE** for all case types. Please leave the miscellaneous field blank. Click the next button.
5. The applicant must enter citizenship information and click the next button.
*Note: The DGE is governed by the OL4A law and if that field cannot be completed, the person should contact DGE for further instructions.
6. The applicant must address personal questions and click the next button.
7. The applicant must enter personal information and click the next button.
8. The applicant must enter the address and click the next button.

9. The applicant must answer questions with respect to identifying documents and click the next button. See #5 above.
10. In the location tab, (search for location) the applicant must enter **SP-NJDGEATLANTICCITY**. **DO NOT INPUT YOUR ZIPCODE**. Click Next.
11. A window will pop up which will allow the applicant to select the first available date(s) and time(s) at the DGE Records and Identification location in Atlantic City, NJ.
12. Once the applicant has made the selection, the submit button must be clicked to confirm the appointment.

RECORDS IDENTIFICATION AND FINGERPRINTING UNIT/COVID PROCEDURES

- All applicants must be pre-enrolled through Identogo, and all applicants must be pre-scheduled through Identogo to be fingerprinted by the DGE. DGE will no longer accept walk-in appointments.
- At the time of your scheduled fingerprint appointment and application submission, anyone entering the building must follow the most recent masking and social distancing policies of the State of New Jersey, effective March 14, 2022. See the section below that details the DGE's Updated COVID 19 Protocols regarding the masking and social distancing policy in effect at this time.
- When persons arrive for their scheduled appointment or any other service, they are required to check -in with the security guard. If the security guard is not present, they should call the ID Unit (609-441-3050) or (609-441-3011) to notify the DGE of their arrival.
- The DGE lobby will be arranged to maximize social distancing between individuals to the greatest extent possible.

- Only applicants and registrants will be permitted in the Arcade Building. Applicants and registrants should not bring children or other individuals to their appointment.
- All applications must be completed in their entirety prior to the appointment.
- If an applicant is unprepared or late, the applicant may be required to reschedule the appointment.

A sign will be posted on the front door of the Arcade Building with all the Rules and Restrictions, and information is on the DGE website. Please contact the DGE at 609-441-3050 for any additional inquiries.

UPDATED COVID 19 PROTOCOLS

Records and ID Bureau (RID) Arcade Building- Intake Unit

Masking Policy: Effective March 14, 2022, masks and face coverings will no longer be required for state employees, applicants, and visitors to the RID Intake Unit at the Arcade Building when the New Jersey COVID-19 Activity Level (CALI) is low (green) or moderate (yellow). Masks, however, are optional for state employees, applicants, and visitors and may be worn as determined by those individuals. Masks will be required at the Intake Unit at the Arcade Building during periods of elevated community transmission when CALI is high (orange) or very high (red).

As of March 5, 2022, the CALI level is low (green) for Atlantic County and moderate (yellow) Statewide. As a result, Masks are optional at the Intake Unit's public entrance, lobby area, and application/fingerprinting operational areas in the Arcade Building.

Employees, applicants, or visitors to the Arcade building that are recommended to continue to wear a mask include those who are immunocompromised or live with persons at high risk for severe COVID-19 illness and those individuals who are concerned about disease transmission.

Social Distancing: Pursuant to State COVID-19 protocols effective March 14th, 2022, the RID Intake Unit will continue to maximize distance between individuals in public spaces wherever possible for those coming to the Intake Unit located in the Arcade Building for the processing of applications, fingerprinting and credential issuance.

DIRECTIONS TO FINGERPRINTING OFFICE IN ATLANTIC CITY

Via Atlantic City Expressway – Take AC Expressway into Atlantic City. AC Expressway becomes Christopher Columbus Blvd. Turn left onto Atlantic Ave (3rd traffic light). Follow Atlantic Ave to Tennessee Ave. Make right onto Tennessee Ave. Follow Tennessee Ave across Pacific Ave to the Boardwalk. Office is on your left at Tennessee and the Boardwalk.

Via Garden State Parkway – Take Garden State Parkway Exit #38 towards Atlantic City onto Atlantic City Expressway. Take AC Expressway into Atlantic City. AC Expressway becomes Christopher Columbus Blvd. Turn left onto Atlantic Ave (3rd traffic light). Follow Atlantic Ave to Tennessee Ave. Make right onto Tennessee Ave. Follow Tennessee Ave across Pacific Ave to the Boardwalk. Office is on your left at Tennessee and the Boardwalk.

From Philadelphia, PA – Take Walt Whitman Bridge into New Jersey. Follow Route 42 South to Atlantic City Expressway. Take AC Expressway into Atlantic City. AC Expressway becomes Christopher Columbus Blvd. Turn left onto Atlantic Ave (3rd traffic light). Follow Atlantic Ave to Tennessee Ave. Make right onto Tennessee Ave. Follow Tennessee Ave across Pacific Ave to the Boardwalk. Office is on your left at Tennessee and the Boardwalk.

Out-of-State Fingerprint Instructions

Personal History Disclosure Form 3

INSTRUCTIONS

I. COMPLETING THIS FORM:

- A. This application form is to be completed by any person who wishes to apply for a casino employee registration, or by any person who is directed to do so by the Division.
- B. Read each question carefully prior to answering. Answer every question completely. Do not leave blank spaces. If a question does not apply to you, indicate "Does Not Apply" in response to that question. If there is nothing to disclose in response to a particular question, write "None" in response to that question.
- C. All entries on this form, except initials and signatures, must be typed or printed in block lettering using only dark ink. If the application is not legible, it will not be accepted.
- D. If you need additional space to answer any question(s), use the blank page provided on page 17 of this form. If you use this additional space, be sure to indicate the number(s) of the question(s) which you are answering.

II. ESTABLISHING YOUR IDENTITY AND WORK AUTHORIZATION:

All applicants must come to the Division office listed below and establish their identity and employment authorization.

New Jersey Division of Gaming Enforcement
Arcade Building
Tennessee Avenue and the Boardwalk
Atlantic City, NJ 08401

To establish your identity and employment authorization, in accordance with *N.J.A.C. 13:69A-7.2a*, you must present the original document(s) listed below in A, B or C.

- A. A current and valid U.S. passport OR a Certificate of U.S. Citizenship OR a Certificate of Naturalization OR a current and valid identification card issued by the USCIS containing a photograph or fingerprints and identifying information such as name, date of birth, sex, height, color of eyes, and address.

B. If the items in II (A) above are not available, a certified copy of a U.S. birth certificate issued by a state, county or municipal authority, with an official seal, must be presented along with any one of the following authentic documents:

1. A current and valid state-issued driver's license that has a photograph and/or identifying information;
2. A current and valid identification card issued by the Department of Defense to persons who serve in the U.S. military or their dependents that has a photograph and/or identifying information;
3. A current and valid student identification card containing a photograph, an expiration date, the seal or logo of the issuing institution, and the signature of the card holder;
4. A current and valid identification card issued by a federal, state or local government agency that has a photograph and/or identifying information; or
5. A current and valid casino employee or casino key employee license, a casino employee or casino key employee license that expired within the last five years, or a valid casino service employee registration issued after February 2003.

C. If the applicant is not a United States citizen, a current and valid foreign passport with an employment authorization issued by the USCIS must be presented, along with any one of the following authentic documents:

1. A current and valid state-issued driver's license that has a photograph and/or identifying information;
2. A current and valid identification card issued by the Department of Defense to persons who serve in the U.S. military or their dependents that has a photograph and/or identifying information;
3. A current and valid student identification card containing a photograph, an expiration date, the seal or logo of the issuing institution, and the signature of the card holder;
4. A current and valid identification card issued by a federal, state or local government agency that has a photograph and/or identifying information; or
5. A current and valid casino employee or casino key employee license, a casino employee or casino key employee license that expired within the last five years, or a valid casino service employee registration issued after February 2003.

Note: Any person whose current legal name is different from the name on his or her certified birth certificate (e.g., maiden name), must show legal proof of the name change. Legal proof accepted is a certified marriage or civil union certificate, divorce decree or court order linking the new name with the previous name. A divorce decree may be used as authority to resume

using a previous name only if it contains the new name and permits a return to use of the previous name.

Call (609) 441-3846 if you have any questions about identification documents.

III. CASINO EMPLOYEE REGISTRATION:

- A. If the copy of this form is not clear, the application will not be accepted.
- B. Sign the Statement of Truth, the Release Authorization, and the Waiver of Liability forms on pages 25 or 26, 27, and 28 in the presence of a Notary Public and have your signatures notarized.
- C. Initial each page of this form in the space provided after you have checked your answers and are sure they are complete and correct.
- D. Submit this form with a check, money order, credit card, or debit card (no cash), in the amount of \$95. *N.J.A.C. 13:69A-9.15*. Make your check or money order payable to the CASINO CONTROL FUND. **Application fees are nonrefundable.**
- E. Once your application is accepted, it becomes the property of the Division and may not be withdrawn without the permission of the Division.
- G. We recommend that you keep a copy of your completed application for your records.
- H. If you are not employed in the Atlantic City casino industry for a period of three years, this registration will become invalid per *N.J.S.A. 5:12-91b*.

IV. IMPORTANT NOTICES:

- A. Should you be unable to understand this form fully in English, it is your responsibility to acquire adequate means of translation.

Si usted no puede entender este formulario completamente en Ingles, es su responsabilidad de obtener los metodos necesarios de traduccion.
- B. All notices regarding your application will be sent to the address which you provide on this form. You must immediately notify the Division of any change of address.
- C. Pursuant to Section 86b of the Casino Control Act, failure to answer any question completely and truthfully will result in the revocation of your casino employee registration.
- D. Pursuant to Sections 79a(6) and 80c of the Casino Control Act, any person who applies for and obtains a casino employee registration from the Division, is required to submit to warrantless searches when present in a licensed casino hotel facility.

- E. Pursuant to Section 74.1 of the Casino Control Act, information supplied to the Division or the Commission, or otherwise obtained by them, is confidential and shall not be revealed, except in the course of the necessary administration of the Casino Control Act, or upon the lawful order of a court of competent jurisdiction or, with the approval of the Attorney General, to a duly-authorized law enforcement agency. Nevertheless, pursuant to Section 80b of the Casino Control Act, an applicant waives any liability of the State of New Jersey and its instrumentalities and agents, for any damages resulting from any disclosure or publication in any manner, other than a willfully unlawful disclosure or publication.
- F. Pursuant to 42 *U.S.C.* § 405(c)(2)(C)(i), *N.J.S.A.* 54:50-25, 42 *U.S.C.* § 666(a)(13), and *N.J.S.A.* 2A:17-56.60, the Division of Gaming Enforcement is required to obtain your Social Security number. Pursuant to these authorities, the Division of Gaming Enforcement is also obligated to provide your Social Security number to:
1. The Director of Taxation to assist in the administration and enforcement of any tax law, including for the purpose of reviewing compliance with State tax law and updating and correcting tax records; and
 2. The Probation Division or any other agency responsible for child-support enforcement, upon request.
- G. Before you file this application, please make sure that the restrictions in the New Jersey Conflicts of Interest Law, *N.J.S.A.* 52:13D-17.2 and 17.3, regarding casino employment of certain New Jersey State and municipal employees and their family members, do not apply to you. For additional information, contact the State Ethics Commission, 28 West State Street, Room 1407, P.O. Box 082, Trenton, NJ 08625-0082.

DO NOT WRITE ON THIS PAGE
THIS PAGE FOR OFFICIAL USE ONLY

Name _____

Date of Birth _____

Any one of the following:

_____ United States Passport Expiration Date _____

_____ Certificate of Naturalization

_____ USCIS Identification Card Expiration Date _____

Specify Status _____

OR, the following:

_____ Certified Birth Certificate **AND**

_____ Motor Vehicle Operator's License Expiration Date _____
Jurisdiction _____

_____ U.S. Military Card

_____ Student Identification Card

_____ Government Identification Card
Specify _____

_____ Division or Commission License
Specify _____

_____ Foreign Passport USCIS Expiration Date _____
Country _____

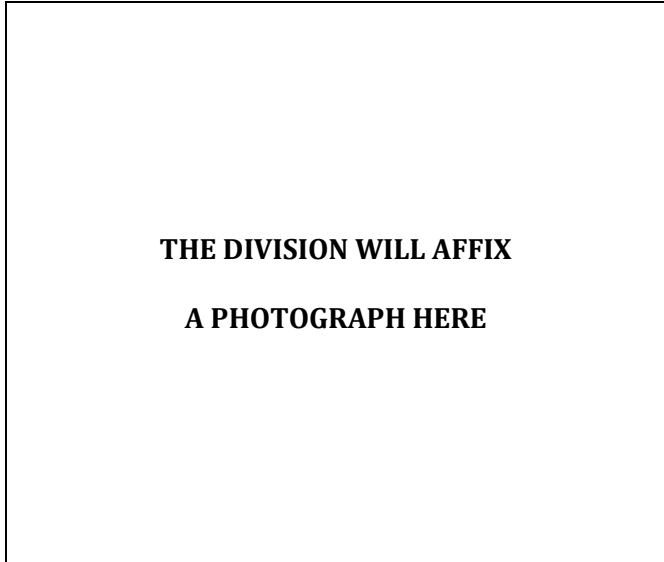
Comments:

Authorized by: _____

Date: _____

IMPORTANT

**FAILURE TO ANSWER ANY QUESTION ON
THIS FORM COMPLETELY AND TRUTHFULLY
WILL RESULT IN THE REVOCATION OF YOUR
CASINO EMPLOYEE REGISTRATION.**



Personal History Disclosure Form 3

OFFICIAL USE ONLY		
1. License # _____	2. License # _____	3. FP # _____

PLEASE PRINT OR TYPE THE ANSWERS TO THE FOLLOWING QUESTIONS IN THE SPACE PROVIDED:

LAST NAME (and Jr./Sr., if any) FIRST NAME MIDDLE

MAIDEN NAME ALIAS OR NICKNAME

DATE OF BIRTH (Month, Day, Year) HEIGHT (FT-IN) WEIGHT (LBS) SOCIAL SECURITY NUMBER(Mandatory) ¹

IF YOU DO NOT HAVE A SOCIAL SECURITY NUMBER, PLEASE EXPLAIN WHY

Home Telephone Number with Area Code Daytime OR Work Telephone Number with Extension and Area Code

Cell Number with Area Code E-Mail Address

HOME ADDRESS (Number and Street with Apartment #, if any)

City State Zip Code

MAILING ADDRESS, if different (P.O. Box)

City State Zip Code

<u>PLEASE CHECK APPROPRIATE BOX</u>			
<u>HAIR COLOR:</u>	<u>EYE COLOR:</u>	<u>SEX:</u>	<u>RACE:²</u>
<input type="checkbox"/> (BK) Black	<input type="checkbox"/> (BK) Black	<input type="checkbox"/> (M) Male	<input type="checkbox"/> (C) Caucasian
<input type="checkbox"/> (BR) Brown	<input type="checkbox"/> (BR) Brown	<input type="checkbox"/> (F) Female	<input type="checkbox"/> (B) Black
<input type="checkbox"/> (BD) Blond	<input type="checkbox"/> (HZ) Hazel	<input type="checkbox"/> (X) Non-Binary	<input type="checkbox"/> (H) Hispanic
<input type="checkbox"/> (RD) Red	<input type="checkbox"/> (BL) Blue		<input type="checkbox"/> (A) Asian
<input type="checkbox"/> (GY) Gray	<input type="checkbox"/> (GY) Gray		<input type="checkbox"/> (N) Native American
<input type="checkbox"/> (WH) White	<input type="checkbox"/> (GR) Green		<input type="checkbox"/> (O) Other
<input type="checkbox"/> (BA) Bald			
<input type="checkbox"/> (O) Other			

¹ In accordance with Section 7 of the Privacy Act, disclosure of your Social Security Number is mandatory. See Section IV, F, under Important Notices on Page 4 of this application.

² Your response is optional.

1. Have you been known by any name or names other than those listed on page 7?

IF YES, list the additional names below and specify dates of use for each:

2. Are you a citizen of the United States?

Yes No

3. If you are a naturalized citizen of the United States, attach a copy of your Certificate of Naturalization to this form, labeled as Exhibit 3.

4. If you are not a citizen of the United States, please indicate:

A. The country of which you are a citizen: _____

B. Place of Birth: _____
City State Country

C. Port of entry to the United States: _____

D. Name and address of sponsor upon your arrival:

5. If you are not a United States citizen, but you are a legally-authorized permanent resident alien, or you are authorized to be employed in the United States, please provide your USCIS "A" number or other USCIS authorization number in the space provided below, and attach to this form a copy of your USCIS identification card and/or any other USCIS document that conditions or restricts your employment labeled as Exhibit 5:

USCIS "A" number: _____

Expiration Date: _____

6. Have you lived at your current address for less than one year?

Yes No

If YES, complete the chart below, indicating all of your residences during the past year, **except** your current residence:

DATES		ADDRESS (NUMBER, STREET, APT., CITY, STATE, ZIP CODE, & COUNTRY)	TELEPHONE NUMBER
FROM (MONTH/YEAR)	TO (MONTH/YEAR)		

7. Please checkmark your current marital status:

Single Married Legally Separated Divorced Civil Union Partner

A. Give the name of your present spouse: _____

B. List all former spouses:

8. In the chart below, list the last three (3) jobs you have had, beginning with the most recent and working backwards. Note with an asterisk (*), any employment where gaming was conducted on the premises. Also, include any gaming-related employment within the last 10 years.

DATES		NAME, MAILING ADDRESS AND PHONE NUMBER(S) OF EMPLOYER(S)	POSITION HELD AND DESCRIPTION OF DUTIES	NAME OF SUPERVISOR	REASON FOR LEAVING
FROM (MONTH/YEAR)	TO (MONTH/YEAR)				

9. Have you ever applied to the New Jersey Casino Control Commission or the Division of Gaming Enforcement for any license, permit, approval, or registration?

Yes No

If YES, complete the following chart:

TYPE OF LICENSE, PERMIT, APPROVAL, OR REGISTRATION PREVIOUSLY APPLIED FOR	DATE APPLICATION WAS FILED	DISPOSITION (GRANTED, PENDING, DENIED)	IF ISSUED, GIVE APPROPRIATE NUMBER(S)

10. Have you ever applied, in any jurisdiction, for a license, permit, or other authorization to participate in a lawful gambling operation (including casino gaming, horse racing, dog racing, pari-mutuel operation, lottery, sports betting, etc.)?

Yes No

If YES, complete the following chart:

TYPE OF GAMBLING OPERATION	POSITION SOUGHT OR HELD	DATE OF APPLICATION	NAME AND ADDRESS OF LICENSING AGENCY (INCLUDING COUNTRY, STATE, COUNTY, OR MUNICIPALITY)	DISPOSITION (GRANTED, DENIED OR PENDING)	IF ISSUED, GIVE LICENSE NUMBER(S)

11. Have you ever had any license, permit, approval, or registration to work in the casino gaming industry suspended, revoked or denied, or had any disciplinary action taken concerning same in New Jersey or any other jurisdiction?

Yes No

If YES, complete the following chart:

TYPE OF ACTION	TYPE OF LICENSE OR PERMIT	AGENCY	DATE OF ACTION	REASON FOR ACTION

The next question asks about any arrests, charges or offenses you may have committed. Prior to answering this question, carefully review the definitions and instructions which follow.

DEFINITIONS: For purposes of this question:

- A. "Arrest" includes any detaining, holding, or taking into custody by any police or other law enforcement authorities to answer for the alleged performance of any "offense."
- B. "Charge" includes any indictment, complaint, information, summons, or other notice of the alleged commission of any "offense."
- C. "Offense" includes all felonies, crimes, high misdemeanors, misdemeanors, disorderly persons offenses, petty disorderly offenses, driving while intoxicated/impaired motor vehicle offenses and violation of probation or any other court order. Juvenile offenses that occurred within the most recent 10-year period are also included within the definition of "offenses."

INSTRUCTIONS:

- A. Answer "Yes" and provide all information to the best of your ability, EVEN IF:
 - 1. You did not commit the offense charged;
 - 2. The charges were dismissed or subsequently downgraded to a lesser charge;
 - 3. You completed a Pretrial Intervention (PTI) or equivalent diversionary program;
 - 4. You were not convicted;
 - 5. You did not serve any time in prison or jail; or
 - 6. The charges or offenses happened a long time ago.
- B. Answer "No" if:
 - 1. You have never been arrested or charged with any crime or offense; or
 - 2. Any records relating to a charge, an arrest or conviction, have been expunged or otherwise officially sealed by a court or government agency.

12. Have you ever been arrested or charged with any crime or offense in New Jersey or any other jurisdiction?

Yes No

If YES, complete the following chart:

NATURE OF CHARGE OR OFFENSE/ LOCATION OF WHERE THE INCIDENT OCCURRED	DATE OF CHARGE OR OFFENSE	NAME AND ADDRESS OF LAW ENFORCEMENT AGENCY OR COURT INVOLVED	DISPOSITION (CONVICTED, ACQUITTED, DISMISSED, PENDING, PARDONED, ETC.)	SENTENCE

13. Please certify, under penalty of perjury, the following:

- (1) Do you currently have a child support obligation? Yes No
- (1) If "Yes," are you in arrears in payment of said obligation? Yes No
- (2) If "Yes," does the arrearage relate to a period longer than six months?
 Yes No
- (2) Have you failed to provide any court-ordered health insurance coverage?
 Yes No
- (3) Have you failed to respond to a subpoena relating to either a paternity or child-support proceeding?
 Yes No
- (4) Are you the subject of a child-support-related arrest warrant? Yes No

An answer of "Yes" to any of the questions a through d above shall, in accordance with N.J.S.A. 5:12-86i, require you to provide proof to the director's satisfaction of payment or arrangement to pay any such debts prior to licensure.

In accordance with N.J.S.A. 2A:17-56.44(d), any false certification of the above may subject you to contempt of court and a penalty, including, but not limited to, immediate revocation or suspension of licensure or certification.

By initialing here _____, I acknowledge the terms of the above provisions.

14. In the chart below, list all New Jersey governmental financial liens or judgments, including state tax liens, delinquent child support obligations, defaulted student loans, unemployment judgments, unpaid motor vehicle surcharges, welfare judgments, etc.

Not Applicable

TYPE OF LIEN/JUDGMENT	NAME OF COURT	DATE FILED	DISPOSITION	DOLLAR AMOUNT

15. List the name, address and telephone number(s) of three references:

NAME	ADDRESS	TELEPHONE NUMBER(S) (INCLUDE AREA CODE)

16. As indicated in the instructions on page 1 of this form, this page is to be used by you for any questions which require additional space to answer. The number of the question must be stated immediately prior to your answer. If additional pages are necessary, photocopy this page or add paper of similar size and identify these pages with corresponding numbers and letters. **Be sure to include your initials at the bottom of any new page added.**

IDENTIFY ALL ANSWERS BY ORIGINAL QUESTION NUMBERS

STATEMENT OF TRUTH

STATE OF _____:

SS:

COUNTY OF _____:

I, _____, being duly sworn according to law, deposes and says:
(Print Name)

1. I am the applicant who is submitting this application form.
2. I personally supplied the information contained in this form.
3. I understand and read the English language, or I have had an interpreter read, explain and record the answer to each and every question on this application form.
4. I swear (or affirm) that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

(Date)

_____ (Legal Signature)
(Signature of Applicant)

Subscribed and sworn to before me

this _____ day of _____, 20_____.

(Notary Public)

(State)

PARA SER COMPLETADO SI USTED NO LEE O ENTIENDE INGLES Y SI SU PRIMERA LENGUA ES ESPANOL

DECLARACION DE VERDAD

ESTADO DE _____ :

SS:

CONDADO DE _____ :

Yo, _____, siendo debidamente jurado de acuerdo a la ley depone y dice:

1. Yo soy el solicitante quien esta sometiendo esta planilla.
2. Yo suministre personalmente la informacion contenida en esta planilla.
3. Yo entiendo y leo Ingles, o e tenido un interprete leer, explicar y notar las respuestas de cada y una pregunta en esta planilla.
4. Yo juro (o afirmo) que las declaraciones hechas por mi anteriormente son ciertas. Tengo conocimiento que si algunas de las declaraciones hechas por mi anteriormente son intencionalmente falsas, estoy sujeto a un castigo.

(Date)

_____ (Legal Signature)
(Signature of Applicant)

Subscribed and sworn to before me

this _____ day of _____, 20_____.

(Notary Public)

(State)

WAIVER OF LIABILITY

I, _____, hereby waive liability as to the State of New Jersey and
(Print Name)

its instrumentalities and agents, for any damages resulting to me from any disclosure or publication in any manner, other than a willfully, unlawful disclosure or publication, of any material or information acquired during the licensing process or during any inquiries, investigations or hearings.

(Date)

(Signature)

Subscribed and sworn to before me

this _____ day of _____, 20_____ .

(Notary Public)

(State)