## APPLICATION TO BE PLACED ON SELF-EXCLUSION LIST FOR VOLUNTARY EXCLUSION FROM ENTRY TO NEW JERSEY RACETRACKS, OFF-TRACK WAGERING FACILITIES, ACCOUNT WAGERING AND FIXED ODDS WAGERING

## New Jersey Racing Commission:

This form is to be completed by a patron requesting to be placed on the self-exclusion list for voluntary exclusion from entry to New Jersey Racetracks and Off-Track Wagering Facilities and access to the Account Wagering System and Fixed Odds Wagering System pursuant to <u>N.J.S.A.</u> 5:5-65.1 and 5:5-65.2 and <u>N.J.A.C.</u> 13:70-32.1, 13:71-30.1, 13:74-12.1 and 13:74A.

## PLEASE PRINT OR TYPE THE ANSWERS TO THE FOLLOWING QUESTIONS IN THE SPACES PROVIDED

1.	NAME:					
	LAST (INCLUDE SR., JR., etc.)		FIRST	Μ	IIDDLE	
2.	DO YOU USE ANY OTHER NAME OR NAMES? YES NO IF YES, LIST THE ADDITIONAL NAME(S) BELOW (INCLUDE MAIDEN NAME, ALIASES, NICKNAMES OR ANY OTHER NAME):					
3.	ADDRESS:	CT				APT #
	CITY	STAT			ZIP CODE	
4.	TELEPHONE NUMBER:(ARE	A CODE)		NUMBER	2	
5.	SOCIAL SECURITY NUMBER					-
6.	*Disclosure of your Social Security number is v See instruction for further details. DATE OF BIRTH://	oluntary. DAY	/YEA		TTACH PHOTO HERE	GRAPH
7.	HEIGHT:FT-IN		8.	WEIGHT	LBS	
PL	EASE CHECK APPROPRIATE BOX:					
	GENDER:  (M) MALE (F) FEMALE NONBINARY	10. HAIR COLOR: (BK) BLACK (BR) BROWN (BD) BLOND (RD) RED (GY) GRAY (WH) WHITE		11. EYE COLOR: (BK) BLACK (BR) BROWN (HZ) HAZEL (BL) BLUE (GY) GRAY (GR) GREEN		
12	OTHER DISTINGUISHING PHYSICAL	CHARACT	ERISTICS:			
13	TYPE OF ID OFFERED:					

## ACKNOWLEDGMENT

I am voluntarily placing myself on the self-exclusion list pursuant to <u>N.J.S.A.</u> 5:5-65.1 and 65.2 and <u>N.J.A.C.</u> 13:70-32.1, 13:71-30.1, 13:74-12.1 and 13:74A and acknowledge the following:

- I am a problem gambler.
- During my period of self-exclusion, I may not enter a racetrack in New Jersey or an off-track wagering facility for any reason, and if I improperly do, I am subject to immediate ejection from said facility.
- During the period of my voluntary self-exclusion, as a self-excluded person I may not open or maintain an account with the account wagering system in New Jersey or the fixed odds wagering system in New Jersey. If I do so, I cannot collect any winnings or recover losses resulting from or related to account wagering or fixed odds wagering.
- During the period of my self-exclusion, I cannot collect winnings, an item of value or recover losses, in any manner or proceeding, resulting from or related to wagering at a racetrack, off-track wagering facility, from account wagering or from fixed odds wagering.
- I understand that I will remain on the self-exclusion list for a minimum period of one year.
- I have read and consent to Title 13, Chapter 74A (<u>Self-Exclusion List</u>) of the New Jersey Administrative Code.
- I certify that the information I have provided on the application form is true and accurate and it is my responsibility to furnish in writing any change in information disclosed in the application.

SIGNED:

DATE:\_\_\_\_\_

PRINT NAME: