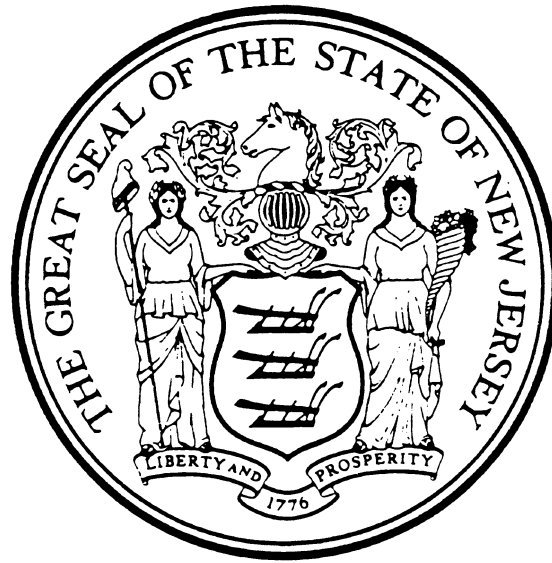


**STATE OF NEW JERSEY**  
**Division of Gaming Enforcement**



**CHANGE OF NAME OR ADDRESS FORM**

## Change of Name or Address Form

---

NAME APPLICATION SUBMITTED UNDER (Last, First, Middle Initial and Jr./Sr., if any)

---

CHANGE NAME TO (Last, First, Middle Initial and Jr./Sr., if any)

Reason for change of name:

Marriage

Divorce

Court Order

Other \_\_\_\_\_

**Note:** A Name Change MUST include a copy of the Marriage License, Divorce Decree or Court Order.

---

DATE OF BIRTH

Month

Day

Year

SOCIAL SECURITY NUMBER (Voluntary<sup>1</sup>)

---

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

---

License OR Registration Number

Are you a United States citizen?

Yes

No

**Note:** If NO, proof of USCIS employment authorization is required.

### Fee Schedule

There is a \$6 fee (check or money order) when requesting a new credential, made payable to the CASINO CONTROL FUND. Credit or Debit cards are also accepted. Submit this form to:

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

---

(Signature)

---

(Date)

---

<sup>1</sup> In accordance with Section 7 of the Privacy Act, disclosure of your Social Security Number is voluntary. If provided, your Social Security Number will be used to obtain and verify information for your license or registration.