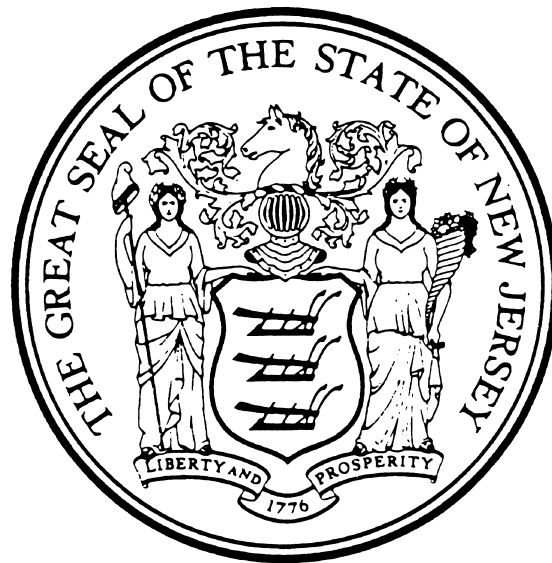


STATE OF NEW JERSEY
Division of Gaming Enforcement



**REQUEST FOR REMOVAL FROM
VOLUNTARY SELF-EXCLUSION LIST**

Request for Removal from Voluntary Self-Exclusion List

Please read these Instructions and the Request for Removal from Voluntary Self-Exclusion List Form (Removal Form), including the Acknowledgment, carefully.

INSTRUCTIONS

I. COMPLETING THIS FORM:

- A. You can submit a Removal Form only after the minimum one year or five years' self-exclusion period you choose on your Request for Voluntary Exclusion from Casino Gambling Form has expired. If you chose the lifetime exclusion option, your name cannot be removed from the Self-Exclusion List.
- B. By signing and submitting the Removal Form, you are removing your name from the Self-Exclusion List and authorizing the Division of Gaming Enforcement (Division) to permit all New Jersey casino licensees to reinstate your gaming privileges. However, you may continue to be subject to other Responsible Gaming Programs enacted by the casino companies. The Waiver of liability you signed in connection with the submission of your Request for Voluntary Exclusion from Casino Gambling Form remains in effect.
- C. You must personally submit the completed Removal Form at the following location Monday through Friday, between the hours of 8:30 A.M. to 3:00 P.M:

New Jersey Division of Gaming Enforcement
Arcade Building
Tennessee Avenue and the Boardwalk
Atlantic City, NJ 08401
(609) 441-3846
8:30 a.m. to 3:00 p.m.

- D. At the time you submit your Removal Form, you must present identification that contains your signature **and** a photograph or physical description, such as a driver's license, passport, or military identification card. Without proper identification, you may not submit your Removal Form.
- E. The Division has five business days from the receipt of your Removal Form to delete your name from the Self-Exclusion List and notify the casinos in Atlantic City of such removal. Consequently, you may be denied gaming privileges from the time you submit your Removal Form until the casinos update their records.
- F. In accordance with Section 7 of the Privacy Act, 5 U.S.C. 552a, disclosure of your social security number to the Division is voluntary. Failure to disclose your social security number is not grounds for denial of your request for removal from the Self-Exclusion List. The request for your social security number is made pursuant to the Casino Control Act, *N.J.S.A. 5:12-1, et seq.* If provided, your social security number will be used by the Division to obtain and verify information contained in this request. The absence of a social security number may delay the final determination of your request.

Request for Removal from Voluntary Self-Exclusion List

Note: This form is to be completed by a person requesting removal from the New Jersey Self-Exclusion List, pursuant to *N.J.A.C. 13:69G-2.5*. All information contained on this form is confidential.

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

LAST NAME (and Jr./Sr., if any)	FIRST NAME	MIDDLE
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DATE OF BIRTH (Month, Day, Year)	Height	Weight	SOCIAL SECURITY NUMBER ¹
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Home Telephone Number with Area Code	Daytime OR Work Telephone Number with Extension and Area Code
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Cell Number with Area Code (Optional)	E-Mail Address (Optional)
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HOME ADDRESS (Number and Street with Apartment #, if any, City, State, Zip Code)

MAILING ADDRESS, if different (P.O. Box, City, State, Zip Code)

Have you been known by any other name(s)? Yes No
If YES, list the additional name(s) below and specify dates of use for each. (Include maiden name, aliases, nicknames, or any other names).

ACKNOWLEDGMENT

I certify that the information that I have provided above is true and accurate. I am aware that my signature below constitutes a revocation of my previous request for self-exclusion, and I authorize the Division of Gaming Enforcement to permit all New Jersey casino licensees to reinstate my gaming privileges at licensed casinos and simulcasting facilities.

Applicant's Signature: _____ Date: _____

¹ In accordance with Section 7 of the Privacy Act, disclosure of your Social Security Number is voluntary. See Section I, F., under Important Notices on Page 2 of this application.

DO NOT WRITE BELOW – FOR DGE PERSONNEL USE ONLY

Minimum Self-Exclusion Period Chosen: One Year Five Years

Date of Self-Exclusion: _____

Type of I.D. Offered: _____

I certify that the signature of the person requesting removal from the Self-Exclusion List appears to agree with that contained on the above identification credentials, and any physical description or photograph of the person appears to agree with his or her actual appearance.

DGE Employee: _____

Date: _____

Forwarded to Casinos: _____
Date

DGE Employee