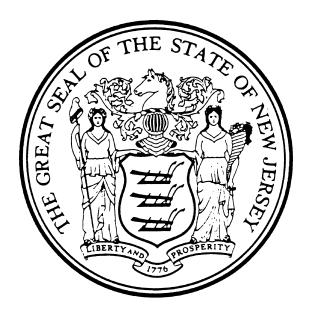
STATE OF NEW JERSEY Division of Gaming Enforcement



REQUEST FOR REMOVAL FROM VOLUNTARY SELF-EXCLUSION LIST

Atlantic City Casinos, Racetrack Sports Wagering Facilities and Internet Gaming and Sports Wagering Activities; or

Internet Gaming and Sports Wagering Activities

Request for Removal from Voluntary Self-Exclusion List

Please read these Instructions and the Request for Removal from the Voluntary Self-Exclusion List for Atlantic City Casino and Racetrack Sports Wagering Facilities and/or Internet Gaming (Removal Form), including the Acknowledgment, carefully.

INSTRUCTIONS

I. **COMPLETING THIS FORM:**

- Α. You can submit a request for Removal Form only after the expiration of the minimum one year or five-year self-exclusion period that you chose on your Request for Voluntary Exclusion from Casino, Racetrack Sports Wagering Facilities and/or Internet Gaming and Sports Wagering Activities Form. If you chose the lifetime exclusion option, your name cannot be removed from the Self-Exclusion List.
- Β. 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 and simulcasting facilities, racetrack sports wagering facilities, and internet gaming and sports wagering platform providers; or

Internet gaming and sports wagering platform providers.

However, you may continue to be subject to other Responsible Gaming Programs enacted by the casino and simulcasting facilities, racetrack sports wagering facilities and internet gaming platform providers. 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 can request removal from the Voluntary Self-Exclusion List electronically through the following link: https://www.njportal.com/dge/selfexclusion, or

You can call 1-833-788-4DGE to schedule an appointment for a video conference or to personally submit the completed Removal Form at the following locations Monday through Friday, between the hours of 8:30 a.m. to 3:00 p.m:

New Jersey Division of Gaming Enforcement				
Arcade Building	140 E. Front Street			
Tennessee Avenue and the Boardwalk	Trenton, NJ 080625			
Atlantic City, NJ 08401	8:30 a.m. to 3:00 p.m.			
8:30 a.m. to 3:00 p.m.				

Video conferences are held via Microsoft TEAMS application 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, racetrack sports wagering facilities and/or internet gaming platform providers of such removal. Consequently, you may be denied gaming privileges from the time you submit your Removal Form until the casinos, racetrack sports wagering facilities and/or internet platform providers 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. However, a delay may occur in notification to Internet gaming and sports wagering platform providers for an applicant who has not supplied a social security number. 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 provided to the casinos, racetrack, sports wagering facilities and/or internet gaming platform providers to process your removal from the Self-Exclusion List.

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 NA	AME	MIDDLE	
DATE OF BIRTH (Month, Day, Year)	Height	Weight	SOCIAL SECURITY NUMBER	X 1
Home Telephone Number with Area Code		Daytime OR Wo	k Telephone Number with Extension and A	rea Code
Cell Number with Area Code (Optional)	E-Mail Address			
HOME ADDRESS (Number and Street with Apart	ment #, if any, C	City, State, Zip Code		
MAILING ADDRESS, if different (P.O. Box, City, Si	ate, Zip Code)			
Have you been known by any ot If YES, list the additional name(s) be nicknames, or any other names).	•	·	Yes No use for each. (Include maiden n	ame, aliases,

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 and simulcasting facilities, racetrack sports wagering facilities and internet gaming and sports wagering platform providers; or
- Internet gaming and sports wagering platform providers.

to reinstate my gaming privileges at licensed casinos and simulcasting facilities, racetrack sports wagering facilities and/or internet gaming platforms.

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 Peri	od 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: Casino Licensees	(Signature)		DATE:			
FORWARDED TO: Sports Wagering Operators	(Signature)		DATE:			
FORWARDED TO: Internet Gaming Platform Providers	(Signature)		DATE:			