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

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, Off-track Wagering Facilities, and Account Wagering Systems pursuant to N.J.S.A. 5:5-65.1 and 5:5-65.2 and N.J.A.C. 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., IF APPLICABLE) FIRST MIDDLE

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: ____________________________________________ ______________
   NUMBER AND STREET ______________
   APT # ______________
   CITY ______________
   STATE ______________
   ZIP CODE ______________

4. TELEPHONE NUMBER: ___________________________ ___________________________
   (AREA CODE) ______________
   NUMBER ______________

5. SOCIAL SECURITY NUMBER __________________________________
   *Disclosure of your Social Security number is voluntary. See instruction for further details.

6. DATE OF BIRTH: ___________ / ___________ / ___________
   MONTH ______________
   DAY ______________
   YEAR ______________

7. HEIGHT: ______________
   FT-IN ______________

8. WEIGHT: ______________
   LBS ______________

9. GENDER: □ (M) MALE □ (F) FEMALE

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) GRA □ (GR) GREEN

12. OTHER DISTINGUISHING PHYSICAL CHARACTERISTICS: ________________________________

13. TYPE OF ID OFFERED: __________________________________________________________

ATTACH PHOTOGRAPH HERE

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ACKNOWLEDGMENT

I am voluntarily placing myself on the Self-exclusion list pursuant to N.J.S.A. 5:5-65.1 and 65.2 and N.J.A.C. 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 permitted 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 and by said facility.

• 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 or from account wagering.

• 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 licensee and if I do so, I cannot collect any winnings or recover losses resulting from or related to account 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 Chapter 74A Self-Exclusion List 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:_____________________________________________________________