

PRIVACY NOTICE

Professionalism * Accountability * Integrity * Respect

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 25 U.S.C. 2701 et seq. The purpose of the requested information is to determine the eligibility of individuals to be granted a gaming license. The information will be used by the Tribal gaming regulatory authorities and by the National Indian Gaming Commission (NIGC) members and staff who have need for the information in the performance of their official duties. The information may be disclosed by the Tribe or the NIGC to appropriate Federal, Tribal, State, local, or foreign law enforcement and regulatory agencies when relevant to civil, criminal or regulatory investigations or prosecutions or when pursuant to a requirement by a tribe or the NIGC in connection with the issuance, denial, or revocation of a gaming license, or investigations of activities while associated with a tribe or a gaming operation. Failure to consent to the disclosures indicated in this notice will result in a tribe's being unable to license you for a primary management official or key employee position.

The disclosure of your Social Security Number (SSN) is voluntary. However, failure to supply a SSN may result in errors in processing your application.

Notice regarding false statements:

A false statement on any part of your license application may be grounds for denying a license or the suspension or revocation of a license. Also, you may be punished by fine or imprisonment (U.S. Code, title 18, section 1001).

Print Name	Signature	Date

CONSENT TO ELECTRONIC SIGNATURES

I agree that this Application and any other documents to be delivered in connection herewith may be transmitted, signed, and recorded and that any electronic signatures appearing in connection with this Application or such other documents are the same as handwritten signatures for the purposes of validity, enforceability, and admissibility. I further agree that any disclosures made in connection with this Application, including "A Summary of Your Rights Under the Fair Credit Reporting Act" may be provided electronically, and that I could, at my option, receive and complete this application in physical form at the Tribal Agency location.

APPLICANT SIGNATURE

LAST	FIRST	MIDDLE	DATE

Squaxin Island Gaming Commission Tribal Gaming Agency
West 91 State Route 108 Shelton Washington 98584 (360) 432-7207 Fax (360) 432-7200