



REGISTRATION APPLICATION FOR CASINO ADVISOR EXAMINATION

50 Corriveau Avenue
St. Albert, Alberta T8N 3T5

Phone: 780-447-8600 Fax: 780-447-8912
Toll Free : 1-800-272-8876

Email : gaming.registrations@aglc.ca
Website: aglc.ca

Application Date: Exam Date: Location: _____ Time: _____

Examination Type: Cash Cage Count Room Dual

Which type of Casino Facility do you plan to train in: Traditional Host First Nations

Is this the first, second or third time you have written the Casino Advisor Exam? First Second Third

Are you currently registered as a gaming worker with the AGLC? Yes, Registration # _____ No

PLEASE PRINT CLEARLY

Full Name _____
Last Name

_____ *Given Names*

Maiden name, and/or any aliases: _____

Date of Birth

Place of Birth _____
City/Town Province/Territory

Citizen of: _____
Country

Residence Address _____
Apt # Street

_____ *City Province Postal Code*

Tel. No. (Res) _____

Tel. No. (Cell) _____

Fax. No. _____

Email Address _____

Mailing Address _____
Postal Box

_____ *Apt # Street*

_____ *City Province Postal Code*

The following documentation must be submitted with the Registration Application:

- Current security clearance (original) provided by RCMP or local police, dated within the last three (3) months.
- Casino Advisor examination fee - \$100.00 (cheque or money order payable to AGLC).

The information you are providing on this application form is collected under the authority of the *Gaming, Liquor and Cannabis Act*, Gaming, Liquor and Cannabis Regulation, and the *Freedom of Information and Protection of Privacy (FOIP) Act*, section 33(c). The information is strictly for the use of the Alberta Gaming, Liquor and Cannabis Commission in assessing your eligibility.

Your personal information is protected by Alberta's FOIP Act and can be reviewed upon request. If you have any questions about the collection or use of the information, please contact:

Alberta Gaming, Liquor and Cannabis Commission
50 Corriveau Avenue
St. Albert, Alberta T8N 3T5
Telephone: 780-447-8600
Toll-free: 1-800-272-8876

Applicant's Signature

_____ *yyyy-mm-dd*
Date