

Submit					
Clear	Print				

## **Registration Application for Casino Advisor Examination**

Application Date (Year/Month/Day)	Exam Date (Year/Month/Day)		Location			
Examination Type						
☐ Cash Cage			☐ Count Room			
		I				
Which type of Casino Facility do you plan	າ to train in:	ПТ	raditional	☐ Host First Nations		
Are you currently registered as a gaming	worker with AG	LC?	☐ Yes, Registration	on #	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Surname (Please Print)	First Name			Middle Name (in full)		
Other Alias(es)				Gender □ Male □ F	emale $\square$ Other	
Date of Birth (Year/Month/Day)						
Place of Birth (City/Town/Province/Country)						
Mailing Address (Include Apt. # or Suite # i	f applicable) (	City/T	own	Province	Postal Code	
Contact Phone	F	mail	Address			
☐ Same as mailing address						
Home Address		City/T	own	Province	Postal Code	
THE FOLLOWING DOCUMENTATION MUST BE SUBMITTED WITH THE REGISTRATION APPLICATION						
<ul> <li>□ Current criminal records check from local City police or local RCMP detachment (dated within three months of issue). Online or third party criminal records checks will NOT be accepted with the exception of Edmonton Police Service (EPS) <a href="www.edmontonpolice.ca/CommunityPolicing/OperationalServices/PoliceInformationCheck">www.edmontonpolice.ca/CommunityPolicing/OperationalServices/PoliceInformationCheck</a> or Calgary Police Service (CPS) <a href="www.calgary.ca/cps">www.calgary.ca/cps</a>.</li> <li>□ Casino Advisor examination fee - \$100.00 (if paying by cheque or money order make payable to AGLC) per exam.</li> </ul>						

## I certify that:

- All information provided as part of the application is truthful and complete.
- Any criminal charges or convictions will be reported to AGLC immediately.
- I authorize AGLC to undertake a criminal records check or inquire with any police agency to determine my eligibility to be registered as a gaming worker.
- I understand that a false statement or failure to meet AGLC conditions may result in my registration being refused or cancelled.

Applicant's Signature	Date

## **Protection of Privacy**

The personal information requested on this form is collected under the authority of Section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act. It will be used for the administration of all policies and processes relating to Charitable Gaming Licensing.

Your personal information is protected by Alberta's FOIP Act and can be reviewed upon request.

## Direct any questions about this collection to:

AGLC FOIP Coordinator 50 Corriveau Avenue St. Albert, AB T8N 3T5 780-447-8600 or toll free at 1-800-272-8876

Registrations Contact Information		
50 Corriveau Avenue	Phone: 780-651-7600 Ext. 8	Website: aglc.ca
St. Albert, Alberta T8N 3T5	Toll Free: 1-855-506-1066 Ext. 8	Email: gaming.registrations@aglc.ca

