

Submit				
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Registration Application for Casino Advisor Examination

Application Date (Year/Month/Day) Ex	xam Date (Year/M	onth/Day)	Location		
Examination Type					
☐ Cash Cage		☐ Count Roo	nm		
cush cuge					
Which type of Casino Facility do you plan to	o train in:	Traditional	☐ Host First Natio	ns	
	-		I		
Are you currently registered as a gaming w	orker with AGLC?	☐ Yes, Regi	stration #	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
		'		1	
Legal Last Name	egal First Name		Legal Middle Name		
Preferred Name			 Gender □ Male □ N	on-binary refer not to disclose	
			☐ Female ☐ P	refer not to disclose	
☐ ☐ Canadian Citizen ☐ ☐ Other (Describe)					
Date of Birth (Year/Month/Day)		Place of Birth	(City/Town/Province/Cou	ntry)	
Mailing Address (Include Apt. # or Suite # if a	pplicable) City/	Town	Province	Postal Code	
Ividining Address (include Apr. # of Suite # 1) u	<i>spiicubie</i>	TOWIT	Trovince	1 ostal code	
Contact Phone	Emai	l Address			
☐ Same as mailing address Home Address	Ci+v/	Town	Province	Postal Code	
nome Address	City/	IOWII	Province	Postar Code	
			-		
THE FOLLOWING DOCUMENTATION MUST BE SUBMITTED WITH THE REGISTRATION APPLICATION					
☐ 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) www.edmontonpolice.ca/CommunityPolicing/OperationalServices/PoliceInformationCheck or Calgary Police Service (CPS) www.calgary.ca/cps .					
\square Casino Advisor examination fee - \$100.00 (if paying by cheque or money order make payable to AGLC) per exam.					

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			

