

Registration Application for Casino Advisor Examination

Application Date (Year/Month/Day)	Exam Date (Year/Month/Day)	Location
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Examination Type

☐ Cash Cage
 ☐ Count Room

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

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

Legal Last Name	Legal First Name	Legal Middle Name
Preferred Name		Gender <input type="checkbox"/> Male <input type="checkbox"/> Non-binary <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose
<input type="checkbox"/> Canadian Citizen	<input type="checkbox"/> Other (Describe)	
Date of Birth (Year/Month/Day)	Place of Birth (City/Town/Province/Country)	

Mailing Address (Include Apt. # or Suite # if applicable)	City/Town	Province	Postal Code
Contact Phone	Email Address		

<input type="checkbox"/> Same as mailing address			
Home Address	City/Town	Province	Postal 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.
- ☐ 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 4(c) of the Alberta Protection of Privacy Act. It will be used for the administration of all policies and processes relating to Charitable Gaming Licensing. Automated systems may be used for internal analytics and/or support. If you have any questions, please contact our Privacy Officer at privacy@aglc.ca or via mail: AGLC, 50 Corriveau Avenue, St. Albert, AB T8N 3T5.

Registrations Contact Information

50 Corriveau Avenue

St. Albert, Alberta T8N 3T5

Phone: 780-651-7600 Ext. 8

Toll Free: 1-855-506-1066 Ext. 8

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