



MICHIGAN GAMING CONTROL BOARD

DISASSOCIATED PERSONS LIST REQUEST FOR REMOVAL FORM

The Michigan Gaming Control Board will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs.

The Michigan Gaming Control Board offices are barrier-free and accessible to persons with special needs. Persons needing help with reading, writing, hearing, or other special accommodations or assistance, under the Americans with Disabilities Act, are invited to make their needs known to the Michigan Gaming Control Board at (313) 456-4100 to make necessary arrangements for such special accommodations or assistance.



DPL Removal Instructions

IMPORTANT NOTICE:

Please read the following instructions prior to completing the Request for Removal form.

You may submit a Request for Removal form only after you have remained on the disassociated persons list for a minimum 5 years.

Please note you will not be removed from the disassociated person list until the Michigan Gaming Control Board has processed the form and notifies you in writing that you have been removed from the disassociated persons list.

- A request for removal may be submitted to the Board by the following methods:
 1. Completed in person at a Michigan Gaming Control Board office
 2. Email to: MGCB-DPL@michigan.gov
 3. Or submitting the form by U.S. mail to: Attention: Responsible Gaming Representative, Michigan Gaming Control Board, 3062 W Grand Blvd, Suite L-700, Detroit, MI, 48202
- To complete your request your identity and eligibility must be verified.
- By signing and submitting the Request for Removal form you are authorizing the Michigan Gaming Control Board to remove your name from the disassociated persons list and to permit the Michigan Gaming Control Board to reinstate your gaming privileges. If approved for removal, you may continue to be denied gaming privileges at Michigan Gaming Control Board regulated casinos from the time you submit your form until the casinos have updated their records.
- A legible copy of your driver's license or other government-issued photo identification must be submitted with the Request for Removal form. Failure to provide a legible copy of your identification will result in denial of your request for removal.
- The Michigan Gaming Control Board has up to 60 business days from receipt of your fully completed Request for Removal form to process your request. It will be at the Michigan Gaming Control Board's sole discretion to determine if the form is complete and if you qualify for removal.
- The Michigan Gaming Control Board will notify you either by email, if provided, or U.S. mail when your name has been removed from the disassociated persons list.
- Please do not call the Michigan Gaming Control Board to determine eligibility of removal. Due to the confidential nature of information regarding disassociated persons, no information will be provided over the phone or otherwise. If you believe you are eligible, submit the Request for Removal form pursuant to these instructions. A written notification will be sent to you, informing if your request was approved or denied.
- Removal from the disassociated persons list does not guarantee you will be granted gaming privileges at the three Detroit casinos. Separate from the disassociated persons list, the casinos may elect to maintain your evicted status and deny you gaming privileges. If a casino chooses to maintain your evicted status, it is your responsibility to contact the property directly, by mail or telephone, to discuss the possibility of reinstatement.
- By signing this form and requesting removal from the disassociated persons list, the applicant accepts full responsibility for any adverse consequences which may result from removing his or her name from the Michigan Gaming Control Board's disassociated persons list.



Disassociated Persons List (DPL) Request for Removal

Instructions- Read Carefully:

- Read each section of this form and attached removal guidelines carefully before completing.
- Include a (clear/legible) copy of a valid driver's license or other government-issued photo identification. (Failure to provide proper photo identification will result in denial of your request for removal)
- I read and understand English**
- An interpreter read and explained this form to me** *(Complete the "Interpreter Information & Affirmation" form)*

Important Notice

Pursuant to Sec 25(5) of the Michigan Gaming Control and Revenue Act, as amended, 2019 PA 158, MCL 432.225(5), Except as otherwise provided in this subsection, the name of an individual placed on the list of disassociated persons must remain on the list for the remainder of the individual's life. Not earlier than 5 years after an individual's name has been placed on the list of disassociated persons, the individual may submit a form, provided by the board, to the board to have the individual's name removed from the list of disassociated persons. After receiving the form under this subsection, the board shall notify all of the following that the individual's name has been removed from the list of disassociated persons: (a) Each casino licensee (b) the department of the attorney general (c) the department of state police

Applicant Information

<i>Internal Use Only:</i> DPL File #:		<i>Internal Use Only:</i> DPL Application Process Date:			
First Name		Middle Name		Last Name	
Maiden Name, Alias, Nicknames, Other Name Changes - Legal or Otherwise				Primary Telephone	
				Alternative Telephone	
Primary Email					
Present Address (Street)			City		State
					Zip
Driver's License/State Identification Number			State of Issuance		Expiration Date (mm/dd/yyyy)
Date of Birth (mm/dd/yyyy)			Sex		
			F M		
Social Security Number					
If you are not a citizen of the United States, provide the following:					
Social Insurance Number					



Disassociated Persons List (DPL)
Request for Removal

APPLICANT'S ACKNOWLEDGEMENT, AGREEMENT AND CONSENT

I, _____
(Applicant)

I certify that I am the individual responsible for submitting this application and the information I have provided above is true and accurate. I am aware my signature below constitutes my request to be removed from the disassociated persons list. I understand that if removed from the disassociated persons list, the Michigan Gaming Control Board will notify the three Detroit casinos. I accept full responsibility for any adverse consequences which may result from removing my name from the disassociated persons list. I am aware that even if removed from the disassociated persons list each casino may choose to maintain my evicted status at its sole discretion under its own policies and procedures. I understand if a casino chooses to maintain my evicted status, it is my responsibility to contact the property directly, by mail or telephone, to discuss the possibility of reinstatement. I understand this Request for Removal only applies to the disassociated persons list and does NOT apply to any voluntary or involuntary exclusion list maintained by the Michigan Gaming Control Board or the three Detroit casinos in this state.

I affirm, under the penalties of perjury, that the information set forth in this document is true and complete, to the best of my knowledge.

IN WITNESS WHEREOF, I have executed this instrument at the City of _____,
State of _____ on this _____ day of _____, 20 ____.

Applicant's Signature

Printed Name

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared and acknowledged the execution of the foregoing instrument as his/her voluntary act and deed.

WITNESS, my hand and Notary Seal, this _____ day of _____, of 20 ____.

Notary Public, (Written Signature)

Notary Public, (Printed Name)

My commission expires: _____

County of Residence: _____



Disassociated Persons List (DPL) Request for Removal

Interpreter Information and Affirmation

Instructions- Read Carefully:

To be filled out by the interpreter

Section 1: Applicant Information:

Applicant's Name: _____
First Middle Last

Language interpreted for applicant: _____

Section 2: Interpreter Information:

Full Legal Name of Interpreter: _____
First Middle Last

Address: _____
Street Number & Name (Incl. Apt #) City State & Zip Code

Primary Telephone: _____

Relation to Applicant (if applicable): _____

Affiliated Interpreter Company (if applicable): _____

Section 3: Affirmation:

I, _____, through my signature below affirm, acknowledge and attest that I have served as an interpreter for the applicant listed in section 1 of this document to assist with completing this DPL Request for Removal form. I affirm and attest that I have completely and accurately interpreted all instructions and contents on the DPL Request for Removal form. The applicant informed me that he or she understand the document I have interpreted and have signed it in an informed condition and understand the responsibilities and consequences associated with having his or her name removed from the Michigan Gaming Control Board's disassociated persons list.

Interpreter's Signature: _____ Date: ____/____/____