

**STATE OF MICHIGAN
MICHIGAN GAMING CONTROL BOARD
OFFICE OF THE EXECUTIVE DIRECTOR
GAMING & HORSE RACING REGULATION DIVISION
APPLICATION FOR RESTRICTED AREA PASS**

Date _____

FULL NAME _____
Last First Middle

EMERGENCY CONTACT _____
Full Name Number and Street City State Zip Code

TELEPHONE NUMBERS _____
Permanent Business Fax Local Emergency

PERMANENT ADDRESS _____
Number and Street City State Zip Code

BIRTH DATE _____ **SOCIAL SECURITY NO.** _____
Month Day Year Required

HEIGHT _____ **WEIGHT** _____ **HAIR COLOR** _____ **EYE COLOR** _____ **SEX** _____

REASON FOR NEEDING PASS _____

Yes No Have you within the last 10 years been convicted, or forfeited bail or been fined for any criminal offense, either felony or misdemeanor (except traffic violations other than driving under the influence of intoxicating liquor)?

If yes, please give details place, year and outcome: _____

WAIVER: I understand the personal information provided on this form will be used to conduct a search for prior criminal records.
I hereby authorize release of my criminal information to the Michigan Gaming Control Board, Office of the Executive Director.

Automobile Driver License #

Signature of Pass Applicant

Signature of Licensed Owner/Trainer