

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 Reguest 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: <u>Attention: Responsible Gaming Representative, Michigan Gaming Control Board, 3062 W Grand Blvd, Suite L-700, Detroit, MI, 48202</u>
- 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.



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)

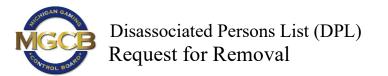
Important Notice

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

| Internal Use Only: DPL File #: | Internal Use Only: DPL Application | | |
|-----------------------------------|---------------------------------------|-------------------------|------------------------------|
| First Name | | Middle Name | Last Name |
| Maiden Name, Alias, Nickr | names, Other Name Change | es - Legal or Otherwise | Primary Telephone |
| Primary Email | | | Alternative Telephone |
| Present Address (Street) | | City | State Zip |
| | | | |
| Driver's License/State Ide | tification Number | State of Issuance | Expiration Date (mm/dd/yyyy) |
| Date of Birth (mm/dd/yyyy |) | Sex F M | |
| Social Security Number | | 11 | |
| If you are not a citizen of t | he United States, provide th | ne following: | |
| | | | |

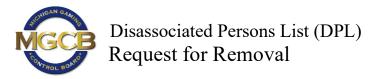




APPLICANT'S ACKNOWLEDGEMENT, AGREEMENT AND CONSENT

| I,(Applicant) | | | | |
|---|--|---|--|--|
| (Applicant) | | | | |
| provided above is true and from the disassociated properties of the disassociated provided in the disassociated provided in the disassociated persons list to discuss the possibility disassociated persons list. | nd accurate. I am aware mersons list. I understand of Board will notify the the which may result from removed from the disassociated discretion under its own potatus, it is my responsibility of reinstatement. I under | that if removed from ree Detroit casinos. oving my name from d persons list each olicies and procedur ty to contact the pro- derstand this Reque any voluntary or investigation. | oplication and the information I had present to be remorated persons list, I accept full responsibility for a the disassociated persons list. I casino may choose to maintain es. I understand if a casino choose to reperty directly, by mail or telephost for Removal only applies to coluntary exclusion list maintained a state. | the any am my ses one, the |
| | | ormation set forth in | this document is true and compl | ete, |
| to the best of my knowled | age. | | | |
| IN WITNESS WHERE | OF, I have executed thi | is instrument at the | e City of | , |
| | | | , 20 <u> </u> | |
| | | | | |
| | Applican | at'a Ciamatura | | |
| | Applicar | nt's Signature | | |
| | | | | |
| | Drive | to al Nicoso | | |
| | Prini | ted Name | | |
| | | | ounty and State, personally t as his/her voluntary act and de | ed. |
| WITNESS, my hand a | nd Notary Seal, this | day of | , of 20 | |
| | | | | |
| | | | | |
| | | Notary Pu | blic, (Written Signature) | _ |
| | | Notary P | ublic, (Printed Name) | _ |
| | Му | commission expires | : | |
| | Cou | unty of Residence: _ | | |





Interpreter Information and Affirmation

| 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 #) Primary Telephone: | City | State & Zip Code |
| | | |
| Relation to Applicant (if applicable): | | |
| Affiliated Interpreter Company (if applicable): | | |
| | | |
| Section 3: Affirmation: | | |
| I,, through my sig | gnature below affirm, acknowle | edge and attest that I have |
| served as an interpreter for the applicant listed | l in section 1 of this document | to assist with completing this |
| DPL Request for Removal form. I affirm and at | test that I have completely and | d accurately interpreted all |
| instructions and contents on the DPL Request | | • |
| she understand the document I have interprete | | |
| · | G | |
| understand the responsibilities and consequen | _ | s of her hame removed from |
| the Michigan Gaming Control Board's disassoc | ciated persons list. | |
| Interpretor's Signature | P-4- | |

