REQUEST FOR APPLICATIONS TO DEVELOP AND OPERATE A GAMING FACILITY IN NEW YORK STATE

FINGERPRINT GUIDANCE FOR APPLICANTS

June 26, 2014

Individuals whom the Request For Applications identifies as being required to submit a Multi Jurisdictional Personal History Disclosure Form (MJPHDF) and New York Supplemental Form (NYS) are also required to submit fingerprints. Criminal fingerprint histories will be checked against records of both the N.Y.S. Division of Criminal Justice Services and the Federal Bureau of Investigation (FBI).

Fingerprint submission. Fingerprints may be submitted in two manners:

1. Electronic submission through a MorphoTrust USA (formerly known as L-1) fingerprint contractor.

   Applicants who will be fingerprinted within the State of New York should schedule an appointment with MorphoTrust USA online at [www.identogo.com](http://www.identogo.com) or by calling (877) 472-6915.

   An Applicant must complete the “NYS Request for Live Scan Services - Information Form” and bring it to the fingerprint contractor location with appropriate Accepted Forms of Identification.

   This form, which contains the Accepted Forms of Identification, is attached.

2. Physical submission of fingerprint cards.

   Applicants who are fingerprinted outside of the State of New York must complete and submit two (2) FBI fingerprint cards with their relevant MJPHDF and NYS. Applicants must use the standard FBI fingerprint cards, which are available from the Commission, and complete both a New York Gaming Commission Card Scan Services - Information Form and New York Gaming Commission Proof of Identification Form and Chart.

   The Card Scan Services - Information Form is attached.
The Proof of Identification Form and Chart is attached and may also be found at:


For purposes of physical submission of fingerprint cards, the Applicant shall include copy or copies of the identification used with the Proof of Identification Form and Chart.

Applicants must ensure the appropriate Originating Agency Identification (ORI) number is reflected on each FBI fingerprint submitted. If an Applicant has an FBI fingerprint card with an incorrect ORI number, they may whiteout the incorrect ORI number and write in the appropriate number.

The appropriate ORI number is: NY922470Z

If an Applicant is located outside the United States, the Applicant should contact the nearest United States Embassy or consulate to schedule fingerprinting.

The completed fingerprint cards must be mailed, together with a Card Scan Services - Information Form and a Proof of Identification Form and Chart, to:

New York State Gaming Commission
Attn: Gail P. Thorpe, Supervisor of Contract Administration
Contracts Office
One Broadway Center
Schenectady, NY 12301-7500

ATTACHMENTS FOLLOW
N.Y.S. REQUEST FOR LIVE SCAN SERVICES – INFORMATION FORM

Instructions: Complete this form and visit www.L1enrollment.com or call toll free 877-472-6915 to schedule an appointment for fingerprinting. Appointments are required; walk-ins are not accepted. Bring this form and required forms of identification, listed below, to your fingerprinting appointment.

ORI: NY922470Z  Contributor Agency: New York State Gaming Commission

License Type: Commercial Casino

Social Security Number:

Check one: New Submission

Resubmission (if resubmission, list TCN Number here: ________________________)

Name of Applicant: ____________________________________________________________

Last                                                              First                                    Middle Initial

Alias / Maiden Name: ____________________________________________________________

Street Address: ________________________________________________________________

City, State, & Zip: ____________________________________________________________

City                                                                 State                                    Zip Code

Date of Birth: ____________________________________ Age: ___________________________

Sex:    Male    Female

Race: ____________________________________ Ethnicity: Hispanic    Non-Hispanic

Unknown

Height: ____________________________________ Skin Tone: ___________________________

Weight: ____________________________________ Eye Color: __________________________

Hair Color: __________________________

State / Country of Birth: _______________________________________________________

Country of Citizenship: _______________________________________________________

Accepted Forms of Identification: The Applicant MUST present two (2) forms of identification, at least one of which must have a photo (see Column A):

<table>
<thead>
<tr>
<th>Column A - Valid Photo Identification:</th>
<th>Column B - Valid Supplementary Identification:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- U.S. Passport (unexpired)</td>
<td>- U.S. Military card or draft record</td>
</tr>
<tr>
<td>- Permanent Resident Card</td>
<td>- Coast Guard Merchant Mariner Card</td>
</tr>
<tr>
<td>- Alien Registration Receipt Card</td>
<td>- U.S. Social Security Card</td>
</tr>
<tr>
<td>- Unexpired Foreign Passport</td>
<td>- Original or certified copy of a Birth Certificate issued by authorized U.S. agency with official seal</td>
</tr>
<tr>
<td>- Driver’s License or Photo ID Card (issued by U.S. State or Territory)</td>
<td>- Certification of Birth Abroad (issued by U.S. Dept. of State with photo (Form I-766, I-688, I-688A or B))</td>
</tr>
<tr>
<td>- Unexpired Employment Authorization</td>
<td>- U.S. Citizen ID Card (Form I-7)</td>
</tr>
<tr>
<td>- Photo ID Card issued by federal, state, or local govt.</td>
<td></td>
</tr>
</tbody>
</table>

Payment: If paying by credit card (MasterCard/Visa) payment ($105.00) must be made when you schedule your fingerprinting appointment, either by telephone or on the web. If paying by personal or business check, certified check, bank check or money order you pay ($105.00) when you are fingerprinted. The check is payable to L-1 Solutions.
NEW YORK GAMING COMMISSION CARD SCAN SERVICES - INFORMATION FORM

**Instructions:** Complete this form and submit it with two Federal Bureau of Investigation (blue) fingerprint cards and Proof of Identification from the list of acceptable forms of identification.

**ORI:** NY922470Z  
**Contributor Agency:** New York State Gaming Commission

**License Type:** Commercial Casino

**Social Security Number:**

Check one:  
New Submission  
Resubmission (if resubmission, list TCN Number here: ________________________ )

**Name of Applicant:**  
___________________________________________________________________________________  
Last                                                                First                                    Middle Initial

**Alien / Maiden Name:**  
___________________________________________________________________________________

**Street Address:**  
___________________________________________________________________________________

**City, State, & Zip:**  
City                                                                 State                                    Zip Code

**Date of Birth:**  
__________________________  
Sex:               Male    Female

**Age:**  
__________________________  
Ethnicity:   Hispanic    Non-Hispanic    Unknown

**Race:**  
__________________________  
Skin Tone:  __________________

**Height:**  
__________________________  
Eye Color: _____________

**Weight:**  
__________________________  
Hair Color: _______________

**State / Country of Birth:**  
__________________________  
Country of Citizenship: __________________

**Accepted Forms of Identification:** The Applicant **MUST** present two (2) forms of identification, at least one of which must have a photo (see Column A):

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<tr>
<td>or Territory)</td>
<td>- Certification of Birth Abroad [issued by U.S. Dept. of</td>
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<td></td>
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</tbody>
</table>

**Payment:** Payment of $105.00 for Card Scan submission must be included with your fingerprint card and made payable directly to the L-1 Solutions. You may pay by personal or business check, certified check, bank or money order.
# NEW YORK STATE GAMING COMMISSION
## PROOF OF IDENTIFICATION CHECKLIST

*Appropriate Boxes MUST be checked*

<table>
<thead>
<tr>
<th>PRIMARY IDENTIFICATION COLUMN A</th>
<th>SECONDARY IDENTIFICATION COLUMN B</th>
<th>SUPPORT IDENTIFICATION COLUMN C</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Original or certified copy of a birth certificate issued by the appropriate State Bureau of Vital Statistics or equivalent agency.</td>
<td>□ Current photo driver license or photo ID issued by any state in the United States, US territory, the District of Columbia, or Canadian Province.</td>
<td>□ School Records</td>
</tr>
<tr>
<td>□ United States Passport (unexpired or expired).</td>
<td></td>
<td>□ Insurance Policy (at least two years old)</td>
</tr>
<tr>
<td>□ Original or certified copy of United States Department of State Certification of Birth (issued to United States citizens born abroad).</td>
<td>□ For applicants born before 1961, the following items would be acceptable in this category:</td>
<td>□ Vehicle Title</td>
</tr>
<tr>
<td></td>
<td>□ A) original or certified copy of Form DD-214;</td>
<td>□ Military Records</td>
</tr>
<tr>
<td></td>
<td>□ B) original or certified copy of other state or federal governmental record that states name and date of birth (such as United States records or Social Security records)</td>
<td>□ Current Military dependent identification card</td>
</tr>
<tr>
<td>□ United States citizenship (naturalization) certificate with identifiable photograph.</td>
<td>□</td>
<td>□ Original or certified copy of marriage license or divorce decree</td>
</tr>
<tr>
<td>□ Current United States Immigration and Naturalization Service document with verified date and identifiable photograph.</td>
<td>□ Current United States military ID card for active duty, reserve or retired personnel with identifiable photograph.</td>
<td>□ Social Security card</td>
</tr>
<tr>
<td>□ Unexpired foreign passport (with a United States Visa or unexpired employment authorization card);</td>
<td>□ Voter Registration Card</td>
<td>□ Pilot's license</td>
</tr>
<tr>
<td>□</td>
<td>□ ID card used by federal, state, or local government agencies or entities provided it contains a photograph or information such as name, date of birth, sex, height, eye color and address.</td>
<td>□ Concealed handgun license</td>
</tr>
<tr>
<td></td>
<td>□ School ID card with a photograph</td>
<td>□ Occupational License from another racing jurisdiction</td>
</tr>
<tr>
<td></td>
<td>□ Native American tribal document</td>
<td>□ New driver license temporary receipt</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Expired driver license or identification certificate issued by another state, territory, District of Columbia, or Canadian province that is within two years of the expiration date.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ A consular document issued by a state or national government.</td>
</tr>
</tbody>
</table>

**PLEASE CHOOSE ONE  (**Appropriate Boxes MUST be checked**)**

Option 1 = One from Column A  
Option 2 = Two from Column B  
Option 3 = One from Column B and Two from Column C
INSTRUCTIONS FOR COMPLETION OF NEW YORK STATE GAMING COMMISSION PROOF OF IDENTIFICATION

IMPORTANT: In order to assure that the fingerprint impressions on the fingerprint cards are those of the applicant, this form MUST be complete. Fingerprint cards submitted without this completed form will be returned to the applicant and an occupational license will not be issued.

Instructions:

STEP 1 Provide proper documentation for review to individual taking applicant’s fingerprints (according to chart on reverse side- choose one of the three options offered)

STEP 2 Individual taking applicant’s fingerprints MUST indicate (by checking boxes) which identification was presented

STEP 3 Applicant AND individual taking fingerprints MUST sign AND date “Proof of Identification” form

STEP 4 Mail “Proof of Identification” form, fingerprint card(s) and license application to the NYS Gaming Commission

Bottom Portion of this form must be complete:

This portion to be completed by Applicant:

I, ______________________________, certify that the proof of identification indicated on the front side of this form (PRINT NAME) was presented to establish my identity.

______________________________
Signature of Applicant

Date

This portion to be completed by Person Fingerprinting:

I, ______________________________, certify that proof of identification as indicated on the front side of this form (PRINT NAME) was presented to me by the above named individual prior to taking applicant’s fingerprint impressions.

______________________________
Signature of Person Fingerprinting

Date

Agency/Title