



**ORGANIZATION INFORMATION**

Please identify ALL organizations from which you intend to receive remuneration for your service as a Bingo Manager to them.

- 1. OCRP #: \_\_\_\_\_ Organization Name: \_\_\_\_\_  
 Membership Date (Month/Date/Year): \_\_\_\_\_  
 Have you been a **bona fide member** in good standing for the past 12 consecutive months? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Pursuant to §18.2-340.16 of the *Code of Virginia*, a **bona fide member** is defined as an individual who participates in the activities of an organization other than the organization's charitable gaming activities.
- 2. OCRP #: \_\_\_\_\_ Organization Name: \_\_\_\_\_  
 Membership Date (Month/Date/Year): \_\_\_\_\_  
 Have you been a **bona fide member** in good standing for the past 12 consecutive months? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Pursuant to §18.2-340.16 of the *Code of Virginia*, a **bona fide member** is defined as an individual who participates in the activities of an organization other than the organization's charitable gaming activities.

**STATUTORY COMPLIANCE**

- 1. Have you been convicted of or pleaded nolo contendere to a felony in any state or federal court or have you been convicted of any offense which, if committed in the Commonwealth of Virginia, would be a felony? Yes \_\_\_\_\_ No \_\_\_\_\_
- 2. Have you been convicted of or pleaded nolo contendere to a crime involving gambling? Yes \_\_\_\_\_ No \_\_\_\_\_
- 3. Have you ever been convicted of any misdemeanor involving fraud, theft, or financial crimes within the preceding five years? Yes \_\_\_\_\_ No \_\_\_\_\_
- 4. Have you had any license, permit, certificate, or other authority related to activities defined as charitable gaming in the Commonwealth of Virginia, suspended or revoked in the Commonwealth of Virginia or in any other jurisdiction? Yes \_\_\_\_\_ No \_\_\_\_\_
- 5. Have you failed to file or been delinquent in excess of one year in the filing of any tax returns or the payment of any taxes due the Commonwealth of Virginia? Yes \_\_\_\_\_ No \_\_\_\_\_
- 6. Have you completed the review of the bingo manager training material, which is found online at [www.vdacs.virginia.gov/pdf/BingoManager.pdf](http://www.vdacs.virginia.gov/pdf/BingoManager.pdf) If not, please complete the review of the training material before submitting your application. Yes \_\_\_\_\_ No \_\_\_\_\_
- 7. Are you at least 18 years old in age? Yes \_\_\_\_\_ No \_\_\_\_\_
- 8. If you reside outside of the Commonwealth of Virginia, please attach a statewide criminal history background check from the appropriate state authority from your resident state to this application. **Failure to do so will delay the processing of your application.** Attachment Included (Yes, No, or N/A) \_\_\_\_\_

**DISCLAIMER & SIGNATURE**

I hereby certify that all information provided in this application is true to the best of my knowledge, information, and belief. I have not knowingly made a false statement on this application, and I have read and understand the terms and conditions as set out under the §18.2-340.16 et. seq. of the *Code of Virginia* and the Charitable Gaming Regulations. I understand that false or misleading answers are cause for the suspension, revocation, or denial of this Bingo Manager Certificate of Registration application. I, the undersigned, do hereby authorize and give my consent to the Office of Charitable and Regulatory Programs (OCRCP) to conduct an investigation, including but not limited to Virginia criminal history background check with the Department of State Police and a tax status check with the Department of Taxation to ensure that my application meets the requirements of §18.2-340.34:1 of the *Code of Virginia*. I understand additional information may be requested of me in regard to this investigation.

I understand and agree to notify OCRCP immediately if any information contained within the application changes after the submission of this application.

I also understand I must abide by §18.2-340.16 et. seq. of the *Code of Virginia* and Charitable Gaming Regulations as I perform my duties as a registered Bingo Manager; and pursuant to 11VAC15-40-610 of the Charitable Gaming Regulations, I understand I must immediately report to OCRCP any information pertaining to the suspected misappropriation or theft of funds, or any other violation of §18.2-340.16 et. seq. of the *Code of Virginia* and Charitable Gaming Regulations.

Full Legal Name: \_\_\_\_\_  
(Print) First Middle Last/Suffix

Signature: \_\_\_\_\_ Date: \_\_\_\_\_