

**DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES  
OFFICE OF CHARITABLE AND REGULATORY PROGRAMS  
GAMING PERSONNEL INFORMATION UPDATE**

**OCR P NO.**  
\_\_\_\_\_

**General Instructions**

Upon election of any new President or Treasurer and/or Financial Officer, or organizational designation of a Game Manager(s), this form must be completed in its entirety and returned promptly to the Office of Charitable and Regulatory Programs. The full complete name of each individual must be provided -- first name, middle name, and last name -- no initials. Section 18.2-340.25 of the Code of Virginia, 1950, as amended, requires the VDACS Office of Charitable and Regulatory Programs to issue a permit only after a reasonable investigation has been conducted.

1. Use this form to notify the Office of Charitable and Regulatory Programs of any changes in your organization's President, Treasurer and/or Financial Officer, and Game Manager(s).
2. This form must be completed in its entirety. Please do not leave blanks.
3. This forms must be signed by an authorized officer of the organization.
4. Mail this completed form to: VDACS, Office of Charitable and Regulatory Programs, 102 Governor Street, Richmond, VA 23219.

**Organization Information**

Organization Name: \_\_\_\_\_

Requested By: \_\_\_\_\_ Title: \_\_\_\_\_

Date Submitted: \_\_\_\_\_ Effective Date: \_\_\_\_\_

**President, Treasurer and/or Financial Officer, and Game Manager(s)**

I, the undersigned, do hereby authorize and give my consent to the VDACS Office of Charitable and Regulatory Programs to conduct an investigation as set out under Section 18.2-340.25.B., Code of Virginia, 1950, as amended. I understand that further information may be requested of me in regard to this investigation. I hereby waive any rights or causes of actions that I may have based upon the disclosure of otherwise confidential information.

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

Full Name: \_\_\_\_\_ Position: \_\_\_\_\_  
                    First Name                      Middle Name                      Last Name

Social Security No. \_\_\_\_\_ Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Physical Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Contact No: \_\_\_\_\_ Fax No: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

***THIS FORM MUST BE COMPLETED FOR (1) THE PRESIDENT, (2) THE TREASURER/ FINANCIAL OFFICER, AND (3) FOR EACH GAME MANAGER IF THEIR TERM EXPIRES DURING THE CHARITABLE GAMING PERMIT PERIOD, IF THE INDIVIDUAL HAS BEEN SO DESIGNATED AS EITHER THE PRESIDENT, TREASURER/FINANCIAL OFFICER, OR (3) A GAME MANAGER IN THE ORGANIZATION'S MOST RECENT APPLICATION TO CONDUCT CHARITABLE GAMING.***

**Organization Authorization**

The following amendment to our organization's application to conduct charitable gaming activities is hereby authorized by the requesting organization, and I hereby certify that I am authorized to sign on behalf of the organization to amend the application as set forth above.

\_\_\_\_\_ Position: \_\_\_\_\_  
Print full first name, middle name and last name of authorizing officer of organization.

\_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Authorizing Officer

**The Office of Charitable and Regulatory Programs reserves the right to request additional information from those named in the "Personnel Information" section of this Bingo/Raffle Application.**