

## REQUEST OF CHANGE OFFICERS OR CHAIRPERSONS

Pursuant to KRS 238.525(6) the Department must be notified of changes to officers and chairpersons within 30 days from the date the change occurred.

### ADDITIONAL OFFICER(S)

1. Name of the Charitable Organization: \_\_\_\_\_  
License Number of the Organization: \_\_\_\_\_

2. If you wish to add an officer(s) please complete the following section. These officers are subject to a state criminal history check, and may be subject to a national criminal history check which requires fingerprinting. If fingerprinting is required, additional information will be forwarded to you.

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

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

Title: \_\_\_\_\_

Title: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
DOB SSN

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
DOB SSN

Home Mailing Address

Home Mailing Address

\_\_\_\_\_  
Street Address/PO Box

\_\_\_\_\_  
Street Address/PO Box

\_\_\_\_\_  
City State

\_\_\_\_\_  
City State

\_\_\_\_\_  
County Zip Code

\_\_\_\_\_  
County Zip Code

( ) ( ) ( )  
Office Phone Cell Phone Home Phone

( ) ( ) ( )  
Office Phone Cell Phone Home Phone

Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Physical Address  
(If different from above)

Home Physical Address  
(If different from above)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State

\_\_\_\_\_  
City State

\_\_\_\_\_  
County Zip Code

\_\_\_\_\_  
County Zip Code



## ADDITIONAL CHAIRPERSON(S)

3 . If you wish to add a designated gaming chairperson(s), please complete the following section. These persons are subject to a state criminal history check, and may be subject to a federal criminal history check which requires fingerprinting. If fingerprinting is required, additional information will be forwarded to you.

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

Employee     Member

If **employee**, please provide the job title or position held and describe regular job duties:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DOB / /                      SSN - -

**Home Mailing Address**

\_\_\_\_\_  
 Street Address/PO Box

\_\_\_\_\_  
 City    State

\_\_\_\_\_  
 County    Zip Code

( )                      ( )                      ( )  
 Office Phone    Cell Phone    Home Phone

Email Address: \_\_\_\_\_

**Home Physical Address**  
 (If different from above)

\_\_\_\_\_  
 Street Address

\_\_\_\_\_  
 City    State

\_\_\_\_\_  
 County    Zip Code

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

Employee     Member

If **employee**, please provide the job title or position held and describe regular job duties:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DOB / /                      SSN - -

**Home Mailing Address**

\_\_\_\_\_  
 Street Address/PO Box

\_\_\_\_\_  
 City    State

\_\_\_\_\_  
 County    Zip Code

( )                      ( )                      ( )  
 Office Phone    Cell Phone    Home Phone

Email Address: \_\_\_\_\_

**Home Physical Address**  
 (If different from above)

\_\_\_\_\_  
 Street Address

\_\_\_\_\_  
 City    State

\_\_\_\_\_  
 County    Zip Code

## OFFICER(S)/CHAIRPERSON(S) TO BE REMOVED

4 . If you wish to remove an officer and/or designated gaming chairperson(s), please complete the following section.

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

Remove as:  Officer  Chairperson

**CERTIFICATION (BY AN OFFICER)**

I certify, under penalty of perjury, that I am an Officer authorized by the applicant to make application for licensure and that I have examined this change request form, including any accompanying material, and all information submitted is, to the best of my knowledge and belief, true and correct. I further certify that the applicant agrees to comply with all applicable laws and administrative regulations regarding charitable gaming in the Commonwealth of Kentucky.

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

Print name: \_\_\_\_\_

Title: \_\_\_\_\_

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

Mail to:

COMMONWEALTH OF KENTUCKY  
PUBLIC PROTECTION CABINET  
DEPARTMENT OF CHARITABLE GAMING  
DIVISION OF LICENSING & COMPLIANCE  
132 BRIGHTON PARK BOULEVARD  
FRANKFORT, KY 40601

If you need assistance completing this form, please call the Licensing Branch at (502) 573-5528 or Toll-free in Kentucky, (800) 729-5672.

Visit our website at: <http://www.dcg.ky.gov>

**\*\*\*Pursuant to KRS 238.525(6) the Department must be notified of changes to officers and chairpersons within 30 days from the date the change occurred. You are not required to use this form to effect notification. It is provided for your convenience.**