



# PERSONAL RESUBMISSION FORM

PO Box 12649  
Salem, Oregon 97309

Control # \_\_\_\_\_

Retailer ID # \_\_\_\_\_

Date of Last Disclosure \_\_\_\_\_

## GENERAL INSTRUCTIONS-READ CAREFULLY

You may use this form if you have submitted a complete Personal Disclosure Packet to the Oregon Lottery within the past 12 months. If it has been more than 12 months, you must submit a complete new Personal Disclosure Packet

Print legibly in ink or type an answer to every question. If a question does not apply to you, indicate "N/A". If you make a mistake, line it out and print the correct answer above or below. **DO NOT USE WHITE OUT.**

All applicants are advised that this is an official document and any misrepresentation or failure to reveal information requested may be deemed in itself sufficient cause for the refusal or revocation of a contract or agreement. Pursuant to Oregon Revised Statute 461 and Oregon Administrative Rules Chapter 177, the below-listed information will be used to best serve the public interest and convenience and promote the security, integrity, honesty, and fairness of the Oregon State Lottery and its operations.

In compliance with Public Law 93-579 §7 [5 U.S.C. §552(a)], you are hereby notified that disclosure of your social security number is voluntary. If you disclose it, we will use it as a means of identifying you to obtain criminal and financial information. If you do not disclose it, we may experience delays in processing your application.

## BUSINESS INFORMATION

Assumed Business Name (dba): \_\_\_\_\_

Phone:(\_\_\_\_)\_\_\_\_\_

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

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

Zip: \_\_\_\_\_

Is this resubmission for multiple locations?  No  Yes (If yes, list ID numbers below)

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

## PERSONAL INFORMATION

Name (last, first, middle): \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Aliases (nicknames, maiden name, other name change-legal or otherwise): \_\_\_\_\_

Other Phone: (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_

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

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

Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License: \_\_\_\_\_

State of Issue: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Sex:  Male  Female

## TAXES

Are you presently in compliance with all state, local and federal tax laws?  Yes  No

If no, explain:

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## CRIMINAL INFORMATION

Since the date of your most recent Personal Disclosure Form, have you been convicted, arrested, detained, charged, indicted, or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? [Except minor traffic citations.] If you are not CERTAIN that you have previously disclosed such information, obtain a copy of your previous disclosure form.

No  Yes (If yes, provide details in the spaces provided below)

| Date of Arrest | Age | Charge | Location (City and State) | Disposition | Arresting Agency |
|----------------|-----|--------|---------------------------|-------------|------------------|
|                |     |        |                           |             |                  |
|                |     |        |                           |             |                  |
|                |     |        |                           |             |                  |
|                |     |        |                           |             |                  |

Since the date of your most recent Personal Disclosure Form, have you been involved in a civil suit (either as plaintiff or defendant), bankruptcy, or any other legal or administrative proceeding? If you are not CERTAIN that you have previously disclosed such information, Obtain a copy of your previous disclosure form.

Yes  No If yes, provide details \_\_\_\_\_

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Provide any additional information or explanations you believe are pertinent to this application or your answers above:

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**REVIEW YOUR ANSWERS – BE SURE YOU HAVE PRINTED CLEARLY AND ANSWERED ALL QUESTIONS COMPLETELY AND ACCURATELY**

**Sworn statement and deposition:**

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

“I, \_\_\_\_\_, BEING DULY SWORN, depose and say that I have read the above and attached statements, documents and information; that they are true, correct, and complete to the best of my knowledge and belief. Further, this statement is executed with the knowledge that misrepresentation or failure to disclose information requested may be deemed sufficient cause for the refusal to execute, or termination of any contract or agreement by the Oregon State Lottery. Further, that I am aware that later discovery of an omission or misrepresentation made in the above or attached statements, documents or information may be grounds for the cancellation of an existing contract or agreement. Further, that I am voluntarily submitting this disclosure under oath with the full knowledge that Oregon Revised Statute 162.075, False Swearing, provides that, ‘(1) a person commits the crime of false swearing if the person makes a false sworn statement, knowing it to be false. (2) False Swearing is a Class A misdemeanor.’”

**“I AGREE TO IMMEDIATELY REPORT TO THE LOTTERY, IN WRITING, ANY CHANGES TO ANY OF THE FOREGOING INFORMATION. I UNDERSTAND THAT FAILURE TO DO SO MAY RESULT IN DENIAL OF MY APPLICATION.** I understand the information may be used to protect the public interest and to promote and assure the security, honesty, integrity, and fairness of the Oregon Lottery. I acknowledge that I am responsible for any excessive investigation costs. I authorize the Office of the Director, Oregon State Lottery, to investigate or direct an investigation of any matter concerning me, including but not limited to: financial records and sources; credit history; school or military records; child support enforcement records; criminal history; driving records; local, state, and federal tax records; civil litigation; and contact with references, both those I have listed and others. I agree to provide fingerprints if requested. Pursuant to ORS 471.700, I specifically authorize the Oregon Attorney General and the Assistant Director for Security of the Oregon Lottery to confirm with the Oregon Department of Revenue and the Internal Revenue Service the truthfulness of my answers with regard to tax matters. I understand that background investigations will be conducted by the Oregon State Police, Lottery Security Section.”

\_\_\_\_\_  
Print Name Date

\_\_\_\_\_  
Signature

SUBSCRIBED AND SWORN TO BEFORE ME SEAL

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

at \_\_\_\_\_ (city), \_\_\_\_\_ (state)

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Print Name

My Commission Expires: \_\_\_\_\_