

OHIO CASINO CONTROL COMMISSION



Previous Application Request Form

Completed requests can be submitted to CAC.Licensing@casinocontrol.ohio.gov

Current Name on File with the OCCC:	
Date of Birth:	
Last 4 of SSN:	
Driver's License Number:	
Zip Code on File with the OCCC:	

Please select the manner in which you would like to receive your previous application:

- I would like my previous application sent via encrypted email to the email address currently on record with the OCCC.
- I would like my previous application sent via encrypted email to the updated email address indicated on the attached [Duty to Update Information](#) form.
- I would like to pick-up a printed version of my previous application from the OCCC office at the casino I am currently employed by or at the OCCC Headquarters (100 E. Broad Street, Columbus, Ohio 43215). I am aware identification is required for pick-up.

By signing below, I certify that I am the person identified on this form; I personally supplied the information contained in the form; and this information is accurate and complete. I am aware that if any of the foregoing statements made by me are false, I may be subject to punishment.

Printed Name:	Signature:	Date Signed:

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