

OHIO

**VOLUNTARY
EXCLUSION
PROGRAM**

APPLICATION



INSTRUCTIONS

- Read the entire form before responding to the questions.
- Present a valid driver's license or government-issued photo identification card.

IMPORTANT NOTICES

By signing and submitting this application, you are voluntarily agreeing to refrain from entering all excluded facilities for at least the time period that you specify in Section 2, Question 1 below.

Excluded facilities are defined as the 4 Ohio casinos and the 7 Ohio Video Lottery Terminal (VLT) facilities. In addition excluded facility operators may have a corporate policy that may cause this exclusion to apply to the facilities they own, manage, or operate in other states and countries or facilities they acquire after the date this form is signed. It is your responsibility to determine if a facility operator has a policy that will ban you from playing at or visiting those other gaming facilities.

The Ohio Casino Control Commission, the Ohio Lottery Commission (collectively "Commissions"), and the excluded facility operators will comply with all rules protecting the confidentiality of your enrollment in the Ohio VEP. However, the Commissions must release information regarding the Ohio VEP to all excluded facility operators so that the Commissions and the excluded facility operators can help you fulfill your commitment to refrain from gambling; accordingly, the Commissions cannot guarantee the confidentiality of the information once the information has been given to the excluded facility operators.

All actions outlined in this application that either the Commissions or an excluded facility operator may take are incentives that you are asking the Commissions and excluded facility operators to use to help you fulfill your commitment to refrain from gambling, and are not a guarantee that any party, including the Commissions, can physically prevent you from going to excluded facilities.

SECTION 1: PERSONAL INFORMATION

1 Full legal name of individual requesting voluntary enrollment:

First Middle Initial Last

2 Aliases/nicknames/other names used:

First Middle Initial Last

3 Residential address:

Street or P.O. Box

City State Zip

County of Residence

4 Primary telephone: _____

Other telephone: _____

5 Email Address: _____

6 Last 4 digits of Social Security Number: _____

Under the Privacy Act the disclosure of your Social Security Number is voluntary.

7 Date of birth: ____ / ____ / ____

8 Driver's license or government ID number:

Number Issued by

9 Sex Male Female

10 Physical Description:

Height _____
Weight _____
Hair color _____
Eye color _____

11 Contact lenses Yes No

12 Ethnicity

- Caucasian/White
- African-American/Black
- Hispanic/Latino
- Native American
- Asian/Pacific Islander
- Other _____

13 National origin: _____

Passport number: _____

Alien Registration number: _____

Country of Citizenship: _____

14 Complexion

- Light Medium Dark

15 Noticeable physical characteristics (birthmarks, scars, tattoos, etc.):

16 Are you required to enter an excluded facility to perform your job duties?

- Yes No

If yes, please provide the following information:

Employer: _____
Job title: _____

Location(s) at which entry is/may be needed: _____

I was referred by:

- Casino employer
- Excluded facility
- Family member
- Health care provider
- Billboard/radio/television advertisement
- VLT employee
- Other _____

SECTION 2: LENGTH OF EXCLUSION

I hereby request enrollment in the Ohio VEP for:

- Minimum one year
- Minimum five years
- Lifetime

SECTION 3: VERIFICATIONS

1 I am completing this application voluntarily.

- Yes No

2 I am not under the influence of any alcoholic beverages or controlled substances, or otherwise impaired.

- Yes No

3 I understand that I will be removed from any excluded facility if I am found in an excluded facility at any time while I am in the Ohio VEP and may be charged with criminal trespassing.

- Yes No

- 4 I understand that if I am found in an excluded facility at any time while I am in the Ohio VEP, that I may be charged with criminal trespassing.
 Yes No
- 5 I understand I am not automatically removed from the Ohio VEP at the end of the applicable exclusion period.
 Yes No
- 6 I will not enter any excluded facility until I have successfully obtained removal from the Ohio VEP, or have otherwise been specifically granted limited access by the applicable Commission to perform required job duties in an excluded facility.
 Yes No
- 7 I understand that the Ohio VEP applies not only to the facility where I signed up, but also to all excluded facilities, as defined in the "Important Notices" section of the application.
 Yes No
- 8 I understand that I am ineligible to win or collect a prize from a gambling game while I am in the Ohio VEP, and therefore, I will not be paid if I attempt to claim any winnings at an excluded facility.
 Yes No
- 9 I agree to surrender to the applicable Commission any money or thing of value I convert or attempt to convert into a wagering instrument at an excluded facility to assist state problem gambling and addictions services if I am found in any excluded facility while I am in the Ohio VEP.
 Yes No
- 10 I understand that by joining the Ohio VEP, excluded facility operators may deny me service at its commonly owned, managed, or operated facilities anywhere in the world, including non-gaming areas and amenities.
 Yes No
- 11 I agree to forfeit all bets and commissions earned on or before the date I am completing this application.
 Yes No
- 12 The Commission will deliver notice of my placement in the Ohio VEP. I would prefer delivery by:
 Ordinary mail to the address listed in Section 1, Question 3 of this Application
 Ordinary mail or email to the following address: _____
- 13 I understand that I am voluntarily agreeing to refrain from entering all excluded facilities, the 4 Ohio casinos and 7 Ohio Video Lottery Terminal (VLT) facilities, for:
 Minimum one year Minimum five years Lifetime

