



**PUERTO RICO SUPPLEMENTAL FORM  
TO MULTI JURISDICTIONAL  
PERSONAL HISTORY DISCLOSURE FORM**

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This form is a supplement to the MULTI JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM. If you are using the Multi Jurisdictional form to apply for qualification in more than one jurisdiction, and one of those jurisdictions is Puerto Rico, you are required to file this supplemental form as part of your Puerto Rico application. The other jurisdiction where you are filing may also have supplemental forms and it is your responsibility to obtain these forms and make the appropriate fillings.

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**INSTRUCTIONS**

**I. COMPLETING THIS FORM:**

- A.** You are to complete this form and a Multi Jurisdictional Personal History Disclosure Form if you are:
1. A qualifier of a vendor license applicant
  2. An applicant for a casino or sports betting key employee license or
  3. Directed to do so by the Government of Puerto Rico Gaming Commission.

**II. ESTABLISHING YOUR IDENTITY AND WORK AUTHORIZATION IN CONNECTION WITH AN APPLICATION FOR A CASINO OR SPORTS BETTING KEY EMPLOYEE LICENSE OR VENDOR QUALIFIER :**

All qualifiers who are applicants for a casino or sports betting key employee license or whose qualification is required in conjunction with a vendor license application must come to the P.R. Gaming Commission and establish their identity and employment authorization at the time they submit their application or are issued their license. Our offices are located at:

***Puerto Rico Gaming Commission  
Licensing Office  
159 Chardón St.  
2<sup>nd</sup> floor  
San Juan, P.R. 00918***

To establish your identity and employment authorization, you must present the original document(s) listed in A or B.

- A.** A current and valid U.S. passport OR Certificate of Naturalization OR a current identification card issued by the INS containing a photograph or fingerprints and identifying information such as name, date, sex, height, color of eyes and address.
- B.** If the items in (1) above are not available, any two of the following authentic documents may be accepted:
1. A certified copy of a U. S. birth certificate issued by a state, country or municipal authority with an official seal;

2. A current and valid state issued driver's license that has a photograph and/or identifying information;
3. A current and valid identification card issued to persons who serve in the U.S. military or their dependents that has a photograph and/or information;
4. A current and valid school identification card containing a photograph, an expiration date, the seal or logo of the issuing institution and the signature of the cardholder;
5. A current and valid identification card issued by a federal, state, or local government agency that has a photograph and/or identifying information;
6. A valid casino employee license, an expired casino employee or casino key employee license issued after 1998, or a valid casino service employee registration; or
7. A current valid foreign passport with a proper INS authorization.

**NOTE:** If the name on any of the provided identification is different than the name on your application, you must also provide a court ordered name change, marriage certification or divorce decree to establish the reason for the different name.

**BEFORE YOU SUBMIT THIS FORM TO THE DIVISION, BE SURE THAT:**

- A. If you are applying for a casino or sports betting key employee license or vendor qualifier license, you have established your identity and work authorization in accordance with Section II and attached copies of these documents to this form.
- B. All attachments required in this form and in the Multi Jurisdictional Personal History Disclosure Form and labeled with an exhibit number and included in both the original and the photocopies filed with the P.R. Gaming Commission.
- C. The Statement of Truth Form in the Multi Jurisdictional Personal History Disclosure Form and the Release Authorization Form attached to this Puerto Rico supplement are notarized on the original application.
- D. Every question has been answered completely.
- E. You initial and date each page of this form in the spaces provided.
- F. You retain a completed copy of this form for your own records.

**IV. FILING THIS FORM WITH THE BOARD:**

- A. Submit this form and the Multi Jurisdictional Personal History Disclosure Form and all attachments as an original.
- B. The fees relating to individual qualification/casino or sports betting key employee licensure or vendor qualifier are as set forth in current regulations of the P.R. Gaming Commission.
- C. Once your application is accepted, it becomes the property of the P.R. Gaming Commission and may not be withdrawn without the permission of the Gaming Commission.

**V. IMPORTANT NOTICES:**

- A. Should you be unable to fully understand this form or any other form, in English or Spanish, it is your responsibility to acquire adequate means of translation.

- B.** All notice regarding your application will be sent to the address which you provide on this form. You must immediately notify the Licensing Office of the P.R. Gaming Commission of any change of address.
- C.** Failure to answer any question completely and truthfully will result in denial of your license application.
- D.** Any person who applies for and obtains a license from the Board or is required to qualify and is subject to warranties searches when present in a licensed casino hotel or Sports Betting facility.

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**PLEASE PRINT OR TYPE THE ANSWERS TO FOLLOWING QUESTION IN THE SPACE PROVIDED**

NAME, LAST (INCLUDE SR., JR., ETC. IF APPLICABLE) FIRST MIDDLE

MAILING ADDRESS: (NUMBER AND STREET) (APT #) (CITY) (STATE) (ZIP CODE)

HOME ADDRESS: (IF DIFFERENT THAN MAILING ADDRESS)  
(NUMBER AND STREET) (APT#) (CITY) (STATE) (ZIP CODE)

HOME TELEPHONE NUMBER: (AREA CODE) (NUMBER) TELEPHONE NUMBER AT CURRENT PLACE OF EMPLOYMENT (AREA CODE) (NUMBER) (EXTENSION)

DATE OF BIRTH (MO) (DAY) (YEAR) HEIGHT (FT-IN) WEIGHT (LBS.) SOCIAL SECURITY NUMBER

HAVE YOU BEEN KNOWN BY ANY OTHER NAME? YES NO IF YES, THE ADDITIONAL NAMES BELOW AND SPECIFY DATES OF USE FOR EACH. (INCLUDE MAIDEN NAME, ALIASES, NICKNAMES OR ANY OTHER NAME.)

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

**PLEASE CHECK APPROPRIATE SPACE**

**HAIR COLOR:**

(BK) BLACK  
(BR) BROWN  
(BD) BLOND  
(RD) RED  
(GY) GRAY  
(WH) WHITE  
(BA) BALD

**EYE COLOR:**

(BK) BLACK  
(BR) BROWN  
(HZ) HAZEL  
(BL) BLUE  
(GY) GRAY  
(GR) GREEN

**SEX:\*\***

(M) MALE  
(F) FEMALE

**RACE:\*\***

(C) CAUCASIAN  
(BK) BLACK  
(H) HISPANIC  
(A) ASIAN  
(N) NATIVE AMERICAN

\*UNDER THE PRIVACY ACT, DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER IS VOLUNTARY.

\*\*YOUR RESPONSE IS OPTIONAL.

1. Provide the following information about the casino or vendor licensee / applicant with which you are seeking to associated and your position in it:

\_\_\_\_\_  
Name of Entity

\_\_\_\_\_  
Address of Entity NUMBER AND STREET CITY STATE ZIP CODE

\_\_\_\_\_  
Title of Position held or will hold

2. Check all appropriate areas below and fill in the appropriate blanks indicating the reason for submitting this application.

- A. I am applying for qualification in connection with:

A vendor licensee or vendor applicant  
I am also applying for a casino key employee license

- B. I am a qualifier because I am a:

Owner Stockholder  
Investor Director  
Officer Partner  
Principle Employee  
Other (Specify) \_\_\_\_\_

in the business(es) identified in item C.

- C. If applicable, the name of holding company (ies) of the franchise licensee or vendor licensee with which I have any positions:

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

DICIEMBRE 12 2024

3. Do you have any ownership, interest, financial investment in any business entity applying to, presently licensed, by the Government of Puerto Rico Gaming Commission? Yes No

If yes, complete the following chart:

NAME OF BUSINESS ENTITY	NATURE AND AMOUNT OR YOUR INTEREST/INVESTMENT	% OF OWNERSHIP IN THE BUSINESS ENTITY	Gaming Agency

4. Have you ever had a civil or criminal record expunged or sealed by court order? Yes No

If yes, when? \_\_\_\_\_ Where? \_\_\_\_\_  
City County State

**\*\* IF YOU HAVE ANY RECORDS RELATING TO ANY ADMINISTRATIVE, CIVIL, OR CRIMINAL CHARGE, OFFENSE, ARREST OR CONVICTION, WHICH HAVE BEEN EXPUNGED OR SEALED BY COURT ORDER, ATTACH A COPY OF THE EXPUNGEMENT OR SEALING ORDER TO THIS SUPPLEMENTAL FORM LABELED AS EXHIBIT 8N.**

DICIEMBRE 12 2024

5. During the last ten year period, have you held a 5% or greater interest in or been a director, officer or principle employee of any entity that:
- a. Has made or has been charged with (either itself or through third parties acting for it) bribes or kickbacks to any government official, domestic or foreign, to obtain favorable treatment or to any company, employee or organization to obtain a competitive advantage? Yes No
  - b. Has held a foreign bank account or has had authority to control disbursements for a foreign bank account. Yes No
  - c. Has maintained a bank account, or other account, whether domestic or foreign, which was not reflected on the books or records of the business? Yes No
  - d. Has maintained a domestic or foreign numbered bank account or other bank account in a name other than the name of the business? Yes No
  - e. Has donated or loaned corporate property for the use or benefit of, or for the purpose of opposing, any government, political party, candidate or committee either domestic or foreign. Yes No
  - f. Has compensated any of its directors, officers or employees for time and expenses incurred in performing services for the benefit of or in opposing any government or political party domestic or foreign. Yes No
  - g. Has made any loans, donations or other disbursements to its directors, officers or employees for the purpose of making political contributions or reimbursing such individuals for political contributions? Yes No

6. State when you filed your last Federal Income Tax Return Form 1040, to what IRS Center it was sent and the tax period it covered.

Date Filed: \_\_\_\_\_ Period Covered: \_\_\_\_\_

IRS Office Location: \_\_\_\_\_

Attached to the back of this form and label as Exhibit 10N, a copy of each IRS Form 1040 and 1040X (Amended Return), income tax returns required by the tax codes of the Commonwealth of Puerto Rico and all appropriate schedules filed by you in the last five years. If you and your spouse filed separate tax returns for any year in the last five years, also attach a copy of your spouse's tax returns.

7. Has your Federal Income Tax Return ever been audited or adjusted? Yes No  
If yes, for what tax year(s)? \_\_\_



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8. Have you ever failed to file Federal or State Income Tax returns? Yes No

If yes, for what year(s)? \_\_\_\_\_

9. Have you, or your spouse, ever filed any type of tax return, statement or form in any jurisdiction outside the United States within the last ten years? Yes No

If yes, completed the following chart:

TAX YEAR(S) FILED	COUNTRY FILED	AMOUNT OF TAX

Attach to the back of the Form and label as Exhibit 9N a copy of each such tax return and all appropriate schedules or other attachments required by the tax authorities of the foreign jurisdiction.

**RELEASE AUTHORIZATION**

To All Courts, Probation Departments, Selective Service Boards, Employers, Educational Institutions, Banks, Financial and Other Such Institutions, and All Governmental Agencies - federal, state, local, with exception, both foreign and domestic.

I, \_\_\_\_\_ have authorized  
*(Print Name)*  
the Government of Puerto Rico Gaming Commission (Gambling Bureau) to conduct a full investigation into my background and activities.

Therefore, you are hereby authorized to release any and all information pertaining to me, documentary or otherwise, as requested by any employee or agent of the Gambling Bureau, provided that he or she certifies to you that I have an application pending before the Gambling Bureau or that I am presently a licensee, registrant or other person required to be qualified under the provisions of the Gambling Laws and Regulations of Puerto Rico.

This authorization shall supersede and countermand any prior request or authorization to the contrary.

A photocopy of this authorization will be considered as effective and valid as the original.

DATED: \_\_\_\_\_ (LEGAL SIGNATURE)  
*(Signature of Applicant)*

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
**NOTARY PUBLIC**

\_\_\_\_\_  
**STATE**