



**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.

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 casino franchise license applicant
 2. An applicant for a casino franchise license or
 3. Directed to do so by the Office of the Commissioner of Financial Institutions

II. ESTABLISHING YOUR IDENTITY IN CONNECTION WITH AN APPLICATION FOR A CASINO FRANCHISE LICENSE:

All qualifiers who are applicants for a casino franchise must establish their identity at the time they submit the application.

To establish your identity, 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 US 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 US 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.

III. BEFORE YOU SUBMIT THIS FORM, BE SURE THAT:

- A. If you are applying for a casino franchise, you have established your identity 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 Commissioner.
- C. The Statement of Truth Form in the Multi Jurisdictional Personal History Disclosure Form and the Release Authorization Form attached to this 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 OFFICE OF THE COMMISSIONER:

- A. Submit this form and the Multi Jurisdictional Personal History Disclosure Form and all attachments as an original and three (3) photocopies. If the photocopies of these forms are not clear, the application will not be accepted.
- B. The fees relating to casino franchise licensure.
- C. The Office of the Commissioner requires that you be fingerprinted in connection with the filing of this application. To be fingerprinted,

you must make an appointment with the agency that provides the service.

- D.** Once your application is accepted, it becomes the property of the Office of the Commissioner and may not be withdrawn without the permission of the Office.

V. IMPORTANT NOTICES:

- A.** Should you be unable to fully understand this form or any other form, in English, you must inform this to the Office of the Commissioner.
- B.** All notice regarding your application will be sent to the address which you provide on this form. You must immediately notify the Office of the Commissioner 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 Office of the Commissioner or is required to qualify is subject to warrantless searches when present in a license casino hotel 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: (NUMBER AND STREET) (APT#) (CITY) (STATE) (ZIP CODE)
(IF DIFFERENT THAN MAILING ADDRESS)

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) BLACK
(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 franchise license 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 casino franchise license

An applicant for a slot machine license

I am also applying for a slot machine 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 and/or D.

C. Name of the casino franchise or licensee of which I am a qualifier:

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

3. Do you have any ownership, interest, financial investment in any business entity applying to, presently licensed, by the Office of the Commissioner or the Puerto Rico Tourism Company?
 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

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) 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)?

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 Office of the Commissioner of Financial Institutions 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 Office of the Commissioner, provided that he or she certifies to you that I have an application pending before the Office of the Commissioner of Financial Institutions or that I am presently a licensee, registrant or other person required to be qualified under the provisions of the Gaming Laws 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