



State of New Jersey
CASINO CONTROL COMMISSION

Attention: Licensing Unit
Tennessee Avenue and Boardwalk
Atlantic City, New Jersey 08401
(609) 441-3441

REQUEST FOR A DUPLICATE KEY LICENSE CREDENTIAL

LAST NAME _____ FIRST NAME _____ MI _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

DOB (mm/dd/yyyy) ____/____/____ LICENSE# _____ - _____

(____) _____ - _____ (____) _____ - _____ (____) _____ - _____
Home Telephone No. Cell Telephone No. Business Telephone No.

FP# _____

ARE YOU A UNITED STATES CITIZEN?

IF NO, PROOF OF USCIS EMPLOYMENT AUTHORIZATION IS REQUIRED.

I was issued a casino key employee license by the Casino Control Commission. Following the receipt of said license, it was either lost or stolen and after a diligent search, I have not been able to locate it. Since I have not been able to locate the credential, I respectfully request that a duplicate credential be issued to me.

I certify that I am the licensee identified in this form, that I personally supplied the information contained in the form, and that this information is accurate and complete. I am aware that if any of the foregoing statements made by me is willfully false, I am subject to punishment.

The duplicate credential **fee** is **\$6**. Processing of request will occur when a Check or Money Order made payable to the CASINO CONTROL FUND **including the last three (3) digits of your Social Security Number** is received at the above address. Under the privacy act, disclosure of your social security number is voluntary. If provided, your social security number will be used to obtain and verify information for your license. If you chose not to provide this information, you must request this change in person at the above address. Office hours are from 8:00 a.m. to 5:00 p.m.

DATE _____