

WHO MUST COMPLETE THIS FORM?

This change of registration information form must be completed by an individual who is currently a lottery retail On-Site Manager and/or a Contract Manager who is registered as a gaming worker and:

1. Obtains a new retail or hospitality facility;
2. Ceases employment;
3. Changes address;
4. Changes his or her employer or business information;
5. Reports any criminal charges, investigation or civil litigation to GPEB as per the conditions of registration.

RESPONSES

Every question in this change of registration information form must be answered except where noted. Incomplete or improperly completed forms will be returned.

ATTACHMENTS

Where the space provided is insufficient for the response, a separate sheet of paper should be used. All attachments requested in this form must be clearly labeled by question number and title and initialed.

IMPORTANT

Lottery retail managers are required to be aware of their responsibilities under the Gaming Control Act and the Gaming Control Regulation. Copies of the Act and Regulation are available at www.hsd.gov.bc.ca/gaming/

FEES

Lottery retail managers may be required to pay a new fee when they have changed employers or acquired a new retail or hospitality facility.

CONDITIONS OF REGISTRATION

Failure to comply with your conditions of registration may be grounds for the Director of Registration and Certification to cancel registration. Registration may not be transferred to any person, and registration is cancelled when your employment or position ends.

FORM SUBMISSION

Mail or fax your completed form to:

Gaming Policy and Enforcement Branch
Registration and Certification (Lottery)
PO Box 9202 Stn. Prov. Govt.
Victoria BC V8W 9J1
Telephone (250) 356-0663 / Facsimile (250) 356-0782

Courier/Location Address:

Gaming Policy and Enforcement Branch
Registration and Certification
Lottery Retailer Registration Unit
3rd Floor 910 Government Street
Victoria BC V8W 1X3

Retain a copy of this form and all submitted documents for your records.

**Lottery Retailer Registration
Form 3 – Change of
Registration Information**

**Gaming Policy and
Enforcement Branch**

Registration and Certification

Section IV – Manager Information

Position: On-Site Manager Contract Manager Both

Name: _____
Surname Legal First Name Legal Middle Name(s)

Home Address: _____
Street City Province Postal Code

Home Mailing Address: _____
(If different from above) PO Box, etc. City Province Postal Code

Telephone: Home _____ Work _____ Other _____
(XXX) XXX-XXXX (XXX) XXX-XXXX (XXX) XXX-XXXX

Date of Birth: _____ Place of Birth: _____
YYYY-MM-DD City/Province/Country

Social Insurance Number: _____ Gender: M F Maiden Name: _____

Are you a Canadian Citizen? Yes No

If **NO**, you must supply landed immigrant or work permit documents.

Security Question: For the purposes of facilitating telephone contact between GPEB and the manager, please provide a security question and answer. (e.g. Question: *What is the name of your pet?* / Answer: *Rover*)

Question: _____ Answer: _____

Section V – Cease Employment

Date Ceased Employment: _____ Reason: _____
YYYY-MM-DD

Section VI – Other location(s) where you are responsible for the sale lottery products

Are you responsible for the sale of lottery products at other locations? Yes (listed below) No

Note: Legal Name refers to business entity contained within the Lottery Operations Agreement ("LOA"). The Common Name refers to the business name used publicly.

1. Business Legal Name: _____ Common Name: _____

Your Position: On-Site Manager Contract Manager Both

2. Business Legal Name: _____ Common Name: _____

Your Position: On-Site Manager Contract Manager Both



**Lottery Retailer Registration
Form 3 – Change of
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**Gaming Policy and
Enforcement Branch**

Registration and Certification

3. Business Legal Name: _____ Common Name: _____

Your Position: On-Site Manager Contract Manager Both

4. Business Legal Name: _____ Common Name: _____

Your Position: On-Site Manager Contract Manager Both

5. Business Legal Name: _____ Common Name: _____

Your Position: On-Site Manager Contract Manager Both

6. Business Legal Name: _____ Common Name: _____

Your Position: On-Site Manager Contract Manager Both

7. Business Legal Name: _____ Common Name: _____

Your Position: On-Site Manager Contract Manager Both

8. Business Legal Name: _____ Common Name: _____

Your Position: On-Site Manager Contract Manager Both

9. Business Legal Name: _____ Common Name: _____

Your Position: On-Site Manager Contract Manager Both

10. Business Legal Name: _____ Common Name: _____

Your Position: On-Site Manager Contract Manager Both

Section VII – Certification

I hereby certify that I am the registered lottery retail manager identified above and that the information contained in this form and attached documents is true.

Signature _____ Date _____
YYYY-MM-DD

Gaming Policy and Enforcement Branch Use Only			
Application complete <input type="checkbox"/>	Fee enclosed <input type="checkbox"/>		
CPIC <input type="checkbox"/>	CNI <input type="checkbox"/>	Interpol <input type="checkbox"/>	PIRS- ED1 <input type="checkbox"/> ED2 <input type="checkbox"/> OLS <input type="checkbox"/> Other _____
Checks conducted by: _____ <small>(Investigator Name)</small>		Date: _____ <small>YYYY-MM-DD</small>	
Approved: <input type="checkbox"/>	Denied: <input type="checkbox"/>	Date of Update on GOS: _____	Entered by: _____
File # GAMW: _____	Application # _____	Reg # _____	Receipt # _____ LOA # _____