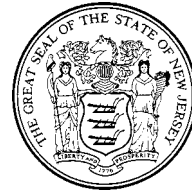


**State of New Jersey
Casino Control Commission
APPLICATION TO DOWNGRADE
EMPLOYEE LICENSE**



I hereby request that my current license, _____ ,
KEY EMPLOYEE LICENSE/CASINO EMPLOYEE LICENSE

_____, be downgraded to a _____ .
CURRENT LICENSE NUMBER CASINO EMPLOYEE LICENSE/CASINO SERVICE EMPLOYEE REGISTRATION

Requirements to downgrade to a:

- ◆ **Casino Employee License** - This form must be filed along with a casino employee renewal application form, any other required attachments, and a fee of \$250.00 made payable to "The Casino Control Fund."
- ◆ **Casino Service Employee Registration** - This form and a fee of \$60.00 made payable to "The Casino Control Fund" must be filed along with a petition by a casino hotel requesting that the Casino Control Commission grant your registration.

Please fill out below:

Print name as shown on license credential:

LAST NAME FIRST NAME MI

Date of Birth: ____/____/____ Height: _____ Weight: _____

Current Address: _____
NUMBER AND STREET/POST OFFICE BOX APT No.

CITY STATE ZIP

Home Telephone Number: (____) _____

Work Telephone Number: (____) _____

Are you a United States citizen or have permanent alien status? ____ Yes ____ No
If NO, proof of Immigration and Naturalization Service Employment Authorization is required.

Signature: _____ **Date:** ____/____/____