



State of New Jersey
CASINO CONTROL COMMISSION

Tennessee Avenue and Boardwalk
Atlantic City, New Jersey 08401
609-441-3015

NAME/ADDRESS FORM

Name Application Submitted Under: LAST, FIRST, MI

*Change of Name: (Please circle one: MARRIAGE/DIVORCE/COURT ORDER/OTHER _____)

Date of Birth: MONTH/DAY/YEAR

Social Security Number: (Voluntary)

Home Address: No. and Street, Apt., Suite, PO Box or Rd No.

City, State, Zip Code

Mailing Address: No. and Street, Apt., Suite, PO Box or Rd No.

City, State, Zip Code

(_____)
Home Telephone Number:

(_____)
Work Telephone Number: (include ext.)

License/Registration Number: _____

ARE YOU A UNITED STATES CITIZEN? _____ YES _____ NO
(IF NO, PROOF OF USCIS EMPLOYMENT AUTHORIZATION IS REQUIRED.)

Signature

Date

* When requesting a Name Change you **MUST include a copy of the Marriage License, Divorce Decree or Court Order.** There is a \$6 fee (Check or Money Order) when requesting a new credential, made payable to the **CASINO CONTROL FUND.** Credit or debit cards are also accepted. Submit this form to 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 or registration.