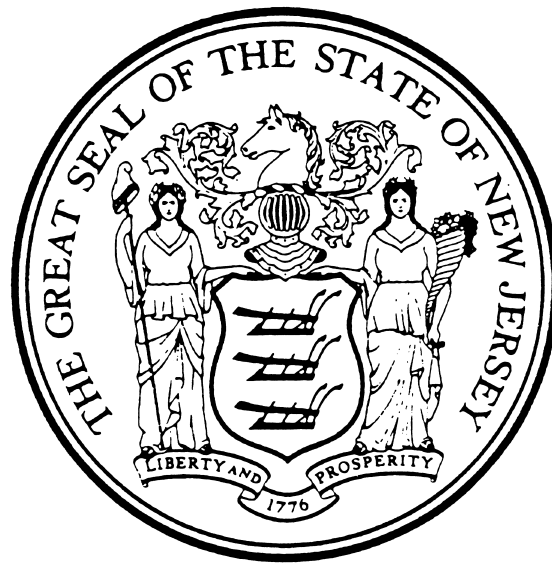


STATE OF NEW JERSEY
Division of Gaming Enforcement



**REQUEST FOR REMOVAL FROM
VOLUNTARY SELF-EXCLUSION LIST**

**Atlantic City Casinos, Racetrack Sports Wagering Facilities and
Internet Gaming and Sports Wagering Activities; or**

Internet Gaming and Sports Wagering Activities

Request for Removal from Voluntary Self-Exclusion List

Please read these Instructions and the Request for Removal from the Voluntary Self-Exclusion List for Atlantic City Casino and Racetrack Sports Wagering Facilities and/or Internet Gaming (Removal Form), including the Acknowledgment, carefully.

INSTRUCTIONS

I. COMPLETING THIS FORM:

- A. You can submit a request for Removal Form only after the expiration of the minimum one year or five-year self-exclusion period that you chose on your Request for Voluntary Exclusion from Casino, Racetrack Sports Wagering Facilities and/or Internet Gaming and Sports Wagering Activities Form. If you chose the lifetime exclusion option, your name cannot be removed from the Self-Exclusion List.
- B. By signing and submitting the Removal Form, you are removing your name from the Self-Exclusion List and authorizing the Division of Gaming Enforcement (Division) to permit:

All New Jersey casino and simulcasting facilities, racetrack sports wagering facilities, and internet gaming and sports wagering platform providers; or

Internet gaming and sports wagering platform providers.

However, you may continue to be subject to other Responsible Gaming Programs enacted by the casino and simulcasting facilities, racetrack sports wagering facilities and internet gaming platform providers. The Waiver of Liability you signed in connection with the submission of your Request for Voluntary Exclusion from Casino Gambling Form remains in effect.

- C. You can request removal from the Voluntary Self-Exclusion List electronically through the following link:

<https://www.njportal.com/dge/selfexclusion>, or

You can call **1-833-788-4DGE** to schedule an appointment for a video conference or to personally submit the completed Removal Form at the following locations Monday through Friday, between the hours of 8:30 a.m. to 3:00 p.m:

New Jersey Division of Gaming Enforcement

Arcade Building

Tennessee Avenue and the Boardwalk

Atlantic City, NJ 08401

8:30 a.m. to 3:00 p.m.

140 E. Front Street

Trenton, NJ 080625

8:30 a.m. to 3:00 p.m.

Video conferences are held via Microsoft TEAMS application 8:30 a.m. to 3:00 p.m.

- D. At the time you submit your Removal Form, you must present identification that contains your signature **and** a photograph or physical description, such as a driver's license, passport, or military identification card. Without proper identification, you may not submit your Removal Form.

- E. The Division has five business days from the receipt of your Removal Form to delete your name from the Self-Exclusion List and notify the casinos, racetrack sports wagering facilities and/or internet gaming platform providers of such removal. Consequently, you may be denied gaming privileges from the time you submit your Removal Form until the casinos, racetrack sports wagering facilities and/or internet platform providers update their records.

- F. In accordance with Section 7 of the Privacy Act, 5 U.S.C. 552a, disclosure of your social security number to the Division is voluntary. Failure to disclose your social security number is not grounds for denial of your request for removal from the Self-Exclusion List. However, a delay may occur in notification to Internet gaming and sports wagering platform providers for an applicant who has not supplied a social security number. The request for your social security number is made pursuant to the Casino Control Act, *N.J.S.A. 5:12-1, et seq.* If provided, your social security number will be provided to the casinos, racetrack, sports wagering facilities and/or internet gaming platform providers to process your removal from the Self-Exclusion List.

DO NOT WRITE BELOW – FOR DGE PERSONNEL USE ONLY

Minimum Self-Exclusion Period Chosen: One Year Five Years

Date of Self-Exclusion: _____

Type of I.D. Offered: _____

I certify that the signature of the person requesting removal from the Self-Exclusion List appears to agree with that contained on the above identification credentials, and any physical description or photograph of the person appears to agree with his or her actual appearance.

DGE Employee: _____

Date: _____

FORWARDED TO:
Casino Licensees

(Signature)

DATE: _____

FORWARDED TO:
Sports Wagering
Operators

(Signature)

DATE: _____

FORWARDED TO:
Internet Gaming
Platform Providers

(Signature)

DATE: _____