

MISSISSIPPI GAMING COMMISSION TRANSFER / REACTIVATION FORM



Date _____ Employer: _____

MGC Date Stamp

INSTRUCTIONS: Please read the form completely and fill in ALL blank spaces.

SECTION 1 - BIOGRAPHICAL INFORMATION

Social Security Number _____ Home Telephone _____

Permit Number _____ Expiration Date _____

Name: _____

First Name Middle Name Last Name

Street Address: _____

Number and Street City State ZIP Code

PART A: REACTIVATION (ONLY APPLIES IF EMPLOYED IN A GAMING POSITION WITHIN THE LAST 90 DAYS)

Casino: _____ Hire Date _____

Job Position Title _____

PART B: CASINO TRANSFER / Position Transfer (Transfer between casinos or Internal Position)

Casino Transfer / Job Into: _____ New Position: _____

Hire Date: _____

Casino Transfer / Job Out of: _____ Old Position: _____

Have you terminated employment at this casino? ☐ No ☐ Yes If "Yes" Termination Date _____

SECTION 2. SELF EXCLUSION STATUS

Are you now enrolled on the Mississippi Gaming Commission's Voluntary Self Exclusion List? ☐ Yes ☐ No

SECTION 3. CRIMINAL HISTORY

Have you been arrested since the last submission of a work permit application to the Mississippi Gaming Commission and/or do you have charges pending against you? ☐ Yes ☐ No

If "YES," provide details in the space below. Use additional sheets if necessary.

Date	Charge	Agency	City	State	Disposition

Applicant Signature and Date _____ Employer Signature and Date _____

Mississippi Gaming Commission Use Only

Reviewing Agent _____	MGC # _____	Date _____	Transfer Action <input type="checkbox"/> Approve <input type="checkbox"/> Deny
Data Input By _____		Date _____	
Fee Log Date _____	Check Number _____		