

**MISSISSIPPI GAMING COMMISSION
GAMING WORK PERMIT REPLACEMENT FORM**



MGC Date Stamp

Date _____ Casino _____

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: _____		City _____	State _____	ZIP Code _____
Date of Hire _____				
Describe how you lost your permit. _____				

SECTION 2. 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? If "YES," provide details in the space below. Use addition sheets if necessary.					<input type="checkbox"/> Yes
					<input type="checkbox"/> No
Date	Charge	Agency	City	State	Disposition

Applicant Signature _____ Date _____ Employer's Signature _____

Mississippi Gaming Commission Use Only

Reviewing Agent _____	MGC # _____	Date _____	Permit Action <input type="checkbox"/> Issue Permit <input type="checkbox"/> Revoke Permit
Data Input By _____	Date _____		
Fee Log Date _____	Check Number _____		