REQUEST FOR RECORD CHECK
OFFICE OF ATTORNEY GENERAL
SFN 50424 (01-18)

Mail this form and fee(s) to:
OFFICE OF ATTORNEY GENERAL
GAMING DIVISION
600 EAST BOULEVARD AVE - DEPT 125
BISMARCK ND 58505-0040

Fee is $15.

☐ New Employee
☐ Renewal

☐ Indian Gaming
☐ Manufacturer
☐ Distributor
☐ Charitable Organization

Please Type or Print Legibly Using Blue or Black Ink

EMPLOYEE INFORMATION

Last Name	First Name	Middle Name

Social Security Number	Date of Birth	Place of Birth (city and state)

Mailing Address	MALE ☐ FEMALE ☐

City	State	Zip Code	Work Phone Number	Other Phone Number

Have you ever previously used any other first or last name, including a maiden name? ☐ YES ☐ NO
If "YES", list all other names used:

PRIVACY ACT NOTIFICATION

Your social security number is requested to permit the Gaming Division to conduct a background investigation pursuant to N.D.C.C. § 53-06.1-03. Disclosure of your social security number is voluntary. However, not providing this information will result in the requirement that other information be provided, including the submission of fingerprints.

PREVIOUS RESIDENCE(S)

CHARITABLE ORGANIZATIONS, MANUFACTURERS AND DISTRIBUTORS

Charitable organizations are responsible for completing out of state record checks.

Disclose all of the states in which you have lived during the previous **5** years.

State	Month & Year / to /	State	Month & Year / to /
State	Month & Year / to /	State	Month & Year / to /

INDIAN GAMING

Out-of-State record checks will be completed by (select one): ☐ Gaming Division ☐ Tribe

Disclose all of the states in which you have lived during the previous **10** years.

State	Month & Year / to /	State	Month & Year / to /
State	Month & Year / to /	State	Month & Year / to /

CERTIFICATION AND AUTHORIZATION

I declare that the employee information on this form is true and correct. I authorize the Office of Attorney General to obtain information about my background and to release information on any criminal record found, including a copy of a "Report of Arrest and Prosecution," to the organization, distributor, manufacturer, or tribe referenced below. I understand that knowingly making any false or misleading statement is a criminal offense and will result in denial of my application and may also result in criminal prosecution.

Applicant Signature	**Date**

ORGANIZATION, DISTRIBUTOR, MANUFACTURER, OR TRIBE

Organization, Distributor, Manufacturer, or Tribe Requesting the Record Check	Organization /Distributor /Manufacturer License No.

Employment Statement:
This person will be employed on: _____ Date of Employment

If **Indian Gaming Casino**, this person will be employed as:
☐ Gaming Employee ☐ Non-Gaming Employee

Signature of Organization, Distributor, Manufacturer, or Tribal Representative	Title	Date

OFFICE OF ATTORNEY GENERAL USE ONLY

Date Stamp

_____ No information is available because either no information exists or dissemination is prohibited.

_____ No check has been done in the state of_____ because access to record system was denied.

_____ Criminal Record Found
(read attached copy of Report of Arrest and Prosecution)

Based on the result of a record check, an organization, distributor, or tribe must determine whether a person is eligible for employment as a gaming employee. North Dakota Century Code § 53-06.1-06(5)(a) and (b), prohibits a person who has a certain criminal history record from being eligible for employment for a certain time. As referenced by these laws, section 6-08-16.1 relates to issuing a check or draft without account; chapter 12.1-06 relates to criminal attempt, facilitation, solicitation, and conspiracy; chapter 12.1-23 relates to theft and related offenses; chapter 12.1-24 relates to forgery and counterfeiting; chapter 12.1-28 relates to gambling and related offenses; and chapter 53-06.2 relates to parimutuel horse racing.