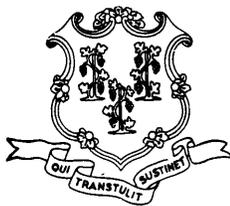


STATE OF CONNECTICUT  
 DEPARTMENT OF CONSUMER PROTECTION  
 License Services/Charitable Games  
 165 Capitol Avenue  
 Hartford, CT 06106  
 Email: [DCP.GamingCharitable@CT.gov](mailto:DCP.GamingCharitable@CT.gov)  
 Web site: [www.ct.gov/dcp](http://www.ct.gov/dcp)



**APPLICATION FOR PERSONAL  
 IDENTIFICATION NUMBER  
 (P.I.N.) BINGO**

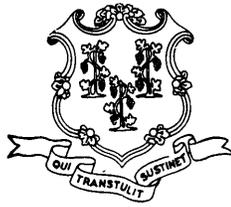
CGB-2 REV. 10/14

**INSTRUCTIONS:**

1. Print or type.
2. Complete and attach form CGB/S-2A.
3. Mail application forms to **165 Capitol Ave., Hartford, CT 06106.**
4. The Department of Consumer Protection will assign a Personal Identification Number (P.I.N.) upon approval.

<b>TO: DEPARTMENT OF CONSUMER PROTECTION</b>					P.I.N. (To be assigned by Consumer Protection)							
NAME OF APPLICANT (Last) (First) (Middle)				SOCIAL SECURITY NUMBER								
ADDRESS OF APPLICANT (No. and Street) (City or Town) (State) (Zip Code)				TELEPHONE NUMBER								
HOW LONG AT PRESENT ADDRESS?			PREVIOUS ADDRESS (No. and Street) (City or Town) (State) (Zip Code)									
DATE OF BIRTH (Mo.) (Day) (Yr.)		PLACE OF BIRTH			SEX M <input type="checkbox"/> F <input type="checkbox"/>		HEIGHT		WEIGHT			
Have you <b>EVER</b> been convicted of any crime, felony, misdemeanor, disorderly persons offense or other offense other than a traffic violation?								YES <input type="checkbox"/>		NO <input type="checkbox"/>		
IF "YES", GIVE DETAILS:												
ORGANIZATION REPRESENTED (Name) (No. and Street) (City or Town) (State) (Zip Code)												
ORGANIZATION'S IDENTIFICATION NUMBER					HOW LONG HAVE YOU BEEN A BONAFIDE MEMBER OF ORGANIZATION? Please specify in terms of years or months.							
					YEARS			MONTHS				
Have you ever applied for a P.I.N. to operate bingo games for any other organization?										YES <input type="checkbox"/>		NO <input type="checkbox"/>
IF "YES", GIVE DETAILS: (Organization Name) (No. and Street) (City or Town) (State) (Zip Code)										ASSIGNED P.I.N.		
APPLICANT'S SIGNATURE (Please sign with blue or black ink only)										DATE (Mo., Day, Yr.)		
I hereby certify that the above named applicant is a bonafide member of the represented organization.												
SIGNATURE OF ORGANIZATION RANKING OFFICER (Note: The applicant may not sign as an officer)										DATE (Mo., Day, Yr.)		
<b>DO NOT WRITE BELOW THIS LINE</b>												
<b>APPLICATION FOR P.I.N. IS APPROVED</b>						DATE (Mo., Day, Yr.)						

STATE OF CONNECTICUT  
DEPARTMENT OF CONSUMER PROTECTION  
License Services/Charitable Games  
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Email: [DCP.GamingCharitable@CT.gov](mailto:DCP.GamingCharitable@CT.gov)  
Web site: [www.ct.gov/dcp](http://www.ct.gov/dcp)



**NOTICE AND STATEMENT  
OF APPLICANT**

CGB/S-2A REV. 06/11

**INSTRUCTIONS:**

1. Please sign this form in the two areas provided below.
2. Mail form, along with a complete CGB-2 or CGS-2 form, to 165 Capitol Ave., Hartford, CT 06106.

NOTICE

The purpose of this notice is to advise that all applications for registrations/permits are individually checked for convictions of any crime other than traffic violations.

Your failure to truthfully disclose any such convictions, either for yourself or your spouse may result in the denial of your application for registrations/permits.

Similarly, your failure to provide all of the details of ANY conviction, such as the date of the conviction, the offense of which you were convicted, the court location where you were convicted and the disposition made by the court in your case – i.e., 30 days - \$50.00 fine, probation, etc. will also be cause for denial of the registration/permit.

In addition, any falsification or untruthful answer to any other question on the application may result in a denial of the registration/permit.

Please sign this form where indicated below.

I hereby acknowledge that I have read the foregoing notice.

\_\_\_\_\_  
*Printed Name of Applicant*

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

**STATEMENT OF APPLICANT**

**BY THE ACCEPTANCE OF ANY REGISTRATION/PERMIT issued pursuant to this application:**

I agree to abide by the applicable Regulations of the Connecticut Department of Consumer Protection.

I HEREBY CERTIFY that I have read the foregoing application and affirm that every statement contained therein is TRUE, COMPLETE AND CORRECT. I understand that if I misstate or omit any fact, I am subject to the penalties provided by law and by the above-mentioned applicable regulations.

I HEREBY AUTHORIZE the Connecticut Department of Consumer Protection to investigate any and all records concerning my background, including – but not limited to – any criminal convictions. I FULLY UNDERSTAND the preceding WAIVER.

\_\_\_\_\_  
*Printed Name of Applicant*

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*