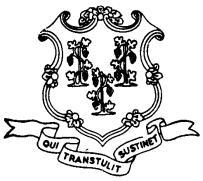
LSA Chg Form 01/16

STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
License Services Division
165 Capitol Avenue
Hartford, CT 06106
Email: dcp.licenseservices@ct.gov
Web site: www.ct.gov/dcp



For Official Use Only

Lottery Sales Agent - Change of Person- In- Charge (PIC)

- This form is to be used to notify the Department of a change to the Person-In-Charge. This form must be received within 15 days of such change.
- This form must be completed by the owner of the business AND the new Person-In-Charge.
- Return this completed form AND Release Authorization Form to the above address. There is no fee required to report this change.

Section I: Lottery Sales Agent Information and Owner Authorization

Agent License Number	Agent Business Name		
Agent Business Address	City	State	Zip Code

Certification & Authorization

I certify that I am the owner of the business which holds a Lottery Sales Agent license and I authorize the individual below to be in charge of such business.

Printed Name of Owner _____ *Signature of Owner* _____ *Date* _____

Section II: New Person- In-Charge

First Name	Middle Initial	Last Name		
Residence Address	City		State	Zip Code
Telephone Number	Email Address		Date of Birth	
CT Driver's License #	Social Security Number	Gender Male ☐ Female ☐		

Have you even been convicted of any crime, felony, misdemeanor, or other offense including motor vehicle crimes (other than traffic violations) in any state or DC? ☐ Yes ☐ *No* *If Yes, attach a statement providing the details, including the date(s) of conviction(s), where the case was decided and the disposition made by the court.*

Certification

I certify, under penalty of law (Section 53a-157b, a Class A Misdemeanor) that the information provided in this application is the truth to the best of my knowledge.

Signature of Person-In-Charge _____ *Date* _____

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Person-In-Charge(PIC)Release Authorization Form

INSTRUCTIONS: This form must be completed by the new Person-In-Charge and submitted with the change form.

New Person-In-Charge

First Name	Middle Initial	Last Name	
Residence Address	City	State	Zip Code

To all courts, Probation Departments, Selective Service Boards, Employers, Educational Institutions, Banks, Financial and Other Such Institutions, including Consumer Credit Reporting Services and all Governmental agencies - federal, state and local, without exception, both foreign and domestic

I, _____ in connection with the Lottery Sales Agent license
Printed Name of Person-In-Charge

of _____
Name and Address of the Business

authorize the Connecticut Department of Consumer Protection, the Connecticut Lottery Corporation and the Connecticut State Police to conduct a full investigation into my background and activities and into the background of the said business entity. Therefore, you are hereby authorized to release any and all information pertaining to me, documentary or otherwise, as requested by an employee or agent of the Connecticut Department of Consumer Protection, the Connecticut Lottery Corporation and/or the Connecticut State Police to provide copies of same as requested, provided that he or she certifies to you that I have an application pending before the Connecticut Department of Consumer Protection, or that I am presently a licensee, registrant or person required to be qualified under the provisions of the applicable Connecticut General Statutes and/or Connecticut Department of Consumer Protection regulations.

I further authorize the Connecticut Lottery Corporation to report any instances of delinquency or past due payments owed under my Retailer Contract to credit reporting agencies.

This authorization shall be valid now and for all future renewals in connection with the Lottery Sales Agent license indicated above. A photocopy of this authorization will be considered as effective and valid as the original.

_____ _____
Signature of Person-In-Charge ***Date***

_____
Printed Name of Person-In-Charge