APPLICANT'S AUTHORIZATION TO RELEASE CREDIT INFORMATION

To: The Arizona Department of Gaming

From: _____
Name of Business Entity

RE: Certification with the Arizona Department of Gaming

1. In accordance with the Fair Credit Reporting Act, section 604(b)(2)(b), I hereby authorize and request all persons to whom this authorization is presented having information relating to or concerning me to furnish a consumer report of such information to duly appointed agents of the Arizona Department of Gaming, whether or not such information would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.

2. I have filed with the Arizona Department of Gaming an application for state certification/tribal license recommendation, of which this document is a part thereof. I understand that I am seeking the granting of a privilege and acknowledge that the burden for proving my qualifications for a favorable determination is at all times on me. I accept any risk of adverse public notice, embarrassment, criticism or other financial loss which may result from the action with respect to this application.

3. I hereby authorize the Arizona Department of Gaming to release information contained in the consumer report and/or the consumer report to the applicant's potential employer, including the Tribal Gaming Office, its respective officers, agents, attorney's, servants, employees, representatives, any and all Gaming Facility Operators, and any and all persons in concert or participation with any of them.

4. I hereby authorize the Arizona Department of Gaming to use the information contained in the consumer report and/or the consumer report for certification purposes, including but not limited to investigation, licensing, certification, any court or administrative proceeding and any and all other procedures set forth in Section 5 of the Gaming Compact.

5. A reproduction of this request by photo copy or similar process shall be for all intents and purposes as valid as the original.

I have executed this authorization on the _____ day of_____, 20____.

_____
Applicant's Signature

State of _____)
) ss.
County of _____)

Subscribed and sworn to (or affirmed) before me this _____ day of_____, 20___.

_____
Notary Public

My commission expires:_____