STATE OF IOWA
DEPARTMENT OF PUBLIC SAFETY
DIVISION OF CRIMINAL INVESTIGATION

IOWA ADDENDUM TO THE MULTI JURISDICTIONAL GAMING APPLICATION

NAME: _____ _____

First **Middle** **Maiden** **Last** **Date of Birth**

Social Security Number: _____ Have you ever been licensed for Iowa Gaming? _____

Company/Casino Name: _____ Position Applied For: _____

Driver's License: _____ State Issued: _____ D.L. Number: _____

Initials/Date _____

This form is a supplement to the I.A.G.R. MULTI-JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM. If you are using the Multi-Jurisdictional form to apply for qualification in more than one gaming jurisdiction, and one of those jurisdictions is Iowa, you are required to file this supplemental form as part of your Iowa application. The other jurisdictions where you are filing may also have supplemental forms and it is your responsibility to obtain those forms and make the appropriate filings. Copies of the electronic forms used in Iowa are available on the Internet at https://dps.iowa.gov/divisions/criminal-investigation/special-enforcement-operations/background-investigations-forms and www.IAGR.org.

The Iowa Division of Criminal Investigation will make every effort to handle each application in the most expeditious manner possible. However, the Iowa Division of Criminal Investigation will take whatever time necessary to conduct a thorough background investigation. Background investigations may take several weeks, depending on the level of license required and the complexity of the investigation.

Investigation Fee:
An application fee of $4,000 for an Iowa background and $6,000 for an out-of-state background shall be paid at the time of filing. If the cost of the investigation exceeds the total amount of fees filed by the application in this subsection, the Iowa Division of Criminal Investigation shall assess additional fees as it deems appropriate. A check or money order payable to the Iowa Division of Criminal Investigation must be submitted by the applicant or the applicant's employer with the application's submission. The applicant or the applicant's employer shall be responsible for the total cost of the investigation. If the applicant is denied a license, the applicant shall not be entitled to a refund of the actual cost of the investigation.

Instructions:
Read every question carefully prior to responding and answer every question completely. Failure to answer any question or giving incomplete answers will cause your application to be returned.

If a question does not apply to you, indicate "Not Applicable" by placing N/A in response to that question. If there is nothing to disclose as to a particular question, state "None" in response to that question.

All entries on this form must be typed or neatly printed except for initials and signatures. Each page of this form must be initialed by you after completion in the space indicated at the bottom of each page. All entries on this form, except initials and signatures, must be typed or printed in block lettering using blue ink. If the application is not legible, it will not be accepted. Any modification to the questions or the pre-printed information asked for in this form or incomplete submissions will result in the rejection of your application.

This application form is to be completed by the person who wishes to apply for a gaming license to be issued by the Iowa Racing and Gaming Commission (IRGC). Return the completed multi-jurisdictional form, the completed addendum, all supporting documentation in one submission and payment to:

Iowa Racing and Gaming Commission
6200 Park Avenue, Suite 100
Des Moines, IA 50321

All persons completing this application form must be fingerprinted by a law enforcement agency or a Racing and Gaming official only. Two completed fingerprint cards must accompany this application. If applying with the Iowa Racing and Gaming Commission use the fingerprint cards furnished by them, otherwise fingerprint cards will be furnished by the law enforcement agency.

Sign both the Statement of Truth and the Release Authorization forms in the presence of a notary public and have your signatures notarized. Complete the Credit History and I.R.S. forms that are attached to this application.

If you need additional space to answer any questions, be sure to indicate the number of the question you are answering if you use this additional space.

NOTE: If the name on any of the provided identification is different than the name on your application, you must also provide a court-ordered name change, marriage certificate or divorce decree to establish the reason for the different name.

Initials/Date _____

Applicant/Family Members

1. Identify applicant's Social Security number and those of all immediate family members and their relationship to the applicant (immediate family is defined as spouse, children, step-children, parents, siblings).

Name	Relationship	SS#

Attorneys

2. Identify current and past attorneys utilized in the last ten (10) years and services provided.

Name of Attorney	Firm Name	Address	Services	Phone

CPA/Accountants

3. Identify current and past C.P.A.s, accountants or individuals who assisted you in preparation of financial matters in the last ten (10) years.

CPA/Accountant	Company Name	Address	Phone

Initials/Date _____

Donations

4. Identify political contributions in Iowa or any other jurisdictions for the last six (6) years.

Candidate	Date	Position	Amount
			$
			$
			$
			$
			$
			$
			$

Motor Vehicle Data

5. In addition to the information provided in question #66 on the multi-jurisdictional form, complete the following information as to all personal vehicles currently registered or leased to you, your spouse and those persons living with you. Include all vehicles such as automobiles, motorcycles, recreational vehicles, aircraft and watercraft.

Year	Make & Model	License Plate Number	Registered Owner

6. A copy of every page of your current and valid Passport/Visa.

7. A certified copy of your birth certificate issued by a governmental authority with an official seal.

8. A copy of your Certificate of Naturalization or a current identification card issued by the Bureau of Immigration and Customs Enforcement if you were not born in the United States.

9. A copy of your current government-issued driver's license containing a photograph.

10. Provide a certified copy of your college transcripts for each college listed in question #11 on the multi-jurisdictional form.

11. Provide a copy of your current employment contract or agreement, including bonus structure or stock options for your present position for which you are submitting this gaming application.

12. Provide a copy of the previous 12 months account statements for each financial institution listed in question #60 on the multi-jurisdictional form.

Initials/Date _____

13. Provide a copy of the previous 12 months account statements for each security as defined in question #62 on the multi-jurisdictional form.

14. Provide a copy of purchase and sale documents relating to your real estate information listed in question #63 and #71 on the multi-jurisdictional form.

15. Provide a copy of supporting documentation for each life insurance policy and its corresponding cash value as listed in question #64 on the multi-jurisdictional form.

16. Provide a copy of the previous 12 months account statements for each pension/retirement fund listed in question #65 on the multi-jurisdictional form.

17. Provide a copy of the loan documents or satisfactions therein relating to your notes payable information for the previous 24 months as listed in question #68 on the multi-jurisdictional form.

18. Provide a copy of your federal and your state of residency (if applicable) tax returns for the previous three (3) years, including all schedules as listed in question #70 on the multi-jurisdictional form.

19. Provide a copy of the mortgage loan documents or satisfaction therein relating to your information for the previous 24 months as listed in question #71 on the multi-jurisdictional form.

Initials/Date _____

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STATE OF IOWA

AUTHORIZATION FOR EXAMINATION AND RELEASE OF INFORMATION

(TO BE COMPLETED IN THE PRESENCE OF A NOTARY PUBLIC)

I, _____,

do hereby authorize a review, full disclosure and release of any and all records concerning myself to any duly authorized officer, agent or employee of the Iowa Division of Criminal Investigation, and/or the Iowa Racing and Gaming Commission, whether the records are of a public, private or confidential nature, including criminal history, with the following understandings:

1. The information reviewed, disclosed, or released may be used by the State of Iowa to conduct a thorough background investigation regarding me or my business entity and for any other lawful purpose.

2. I release the providers and users of the information collected pursuant to this Authorization from any liability under state or federal privacy laws and further release the State of Iowa, its officers, agents and employees from any liability which may be incurred as a result of the collections and use of the information.

3. If this Authorization is not sufficient to obtain access to certain records, it is understood that I may be requested to execute some other appropriate authorization or release, and that any failure to do so may be taken into consideration by the Iowa Racing and Gaming Commission and/or the Division of Criminal Investigation in their review of this application.

4. I understand that I may revoke this Authorization in writing at any time and the Iowa Racing and Gaming Commission and/or the Division of Criminal Investigation may take any such revocation of this Authorization into consideration in completing this background investigation.

5. This Authorization will automatically expire one year from the date it is signed.

6. A photocopy of this Authorization will have the same force and effect as the original.

DATE: _____ SIGNATURE: _____

APPLICANT'S NAME: _____
(Typed or Printed)

_____ _____
Notary Public State

Initials/Date _____

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STATE OF IOWA

CREDIT HISTORY DISCLOSURE AUTHORIZATION AND CONSENT FORM

PLEASE READ CAREFULLY

DISCLOSURE

This document serves solely as a clear and conspicuous written disclosure as required by the Federal Fair Credit Reporting Act set forth in Section 604 (b) to the applicant that a credit history check may be obtained for the purpose of this employment/licensing application. By the signature below, the applicant acknowledges that the Iowa Department of Public Safety, Division of Criminal Investigation and **Global Screening Solutions,** have made this disclosure.

APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

This release and authorization acknowledges that **Iowa Division of Criminal Investigation** may now, or any time while I am employed/licensed, conduct a verification of my credit history to fulfill the job and/or licensing requirements. The results of this verification process will be used to determine employment/licensing eligibility for the position/license applied for.

I authorize

Global Screening Solutions
4833 Front Street B448
Castle Rock, CO 80108

866-454-2325
customerservice@global-screeningsolutions.com
www.Global-ScreeningSolutions.com

and any of its agents, to disclose orally and in writing the results of this verification process to the designated authorized representative **Iowa Division of Criminal Investigation. Contact Global Screening Solutions to receive a copy of the Information Security Policy.**

I have read and understand this disclosure, and I authorize the credit history verification. I authorize persons and other organizations and Agencies to provide **Global Screening Solutions** with all information that may be requested. I agree that any copy of this document is as valid as the original. According to the Federal Fair Credit Reporting Act, I am entitled to know if employment/licensing was denied based on information obtained through the credit history verification process.

In the event that information from the report is utilized in whole or in part in making an adverse action decision with regard to your potential employment/licensing, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the law.

CONFIDENTIAL INFORMATION FOR POSITIVE IDENTIFICATION PURPOSES ONLY

Applicant Last Name _____ First Name _____ Middle Name _____

List Other Names Used _____ Date of Birth (for identification only) _____ Social Security Number _____

Current Address _____ City/State/Zip _____ Dates _____

Previous Address _____ City/State/Zip _____ Dates _____

Previous Address _____ City/State/Zip _____ Dates _____

_____ _____ ← **RELEASE MUST BE SIGNED**

Applicant's Signature ***Today's Date***

☐ ***I understand my credit report will be pulled from TransUnion and wish to receive a copy of the Credit Report from TransUnion directly (California, Oklahoma, and Minnesota residents only).***

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Iowa Department of Public Safety
Division of Criminal Investigation

Waiver Agreement and Privacy Act Statement

For fingerprint-based National Criminal History Record Checks for Noncriminal Justice Purposes
as authorized by state and/or federal statute

Pursuant to the Iowa User Agreement, this form must be acknowledged, completed and signed by every current or prospective licensee, employee, volunteer, and contractor/vendor, for whom fingerprint-based national criminal history records are requested by a Qualified Entity (QE) under state legislation or federal statute.

The person within the QE who is initiating the process and submitting fingerprints for noncriminal justice purposes must acknowledge and implement the privacy requirements of the QE, and complete and sign the QE portion of this form. The QE must also provide a copy of the executed Waiver Agreement and Privacy Act Statement to the applicant prior to submitting the applicant's fingerprints.

I hereby authorize ***(QE Name)*** _____
to submit a set of my fingerprints to the Iowa Department of Public Safety (DPS), Division of Criminal Investigation (DCI) for the purpose of accessing and reviewing Iowa and FBI national criminal history records that may pertain to me.

NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

- You must be provided written notification that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

RIGHT TO OBTAIN AND CHALLENGE ACCURACY OF CRIMINAL HISTORY RECORDS

The DCI does not allow agencies to provide a physical copy of the criminal history record received on an individual. However, the QE may show and/or discuss the information with you, the applicant, only. You may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at http://www.fbi.gov/services/cjis/identity-history-summary-checks

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

Waiver Agreement and Privacy Act Statement (Cont.)

FBI PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

National Child Protection Act as amended by the Volunteers for Children Act (NCPA/VCA)

This section applies to QEs and applicants whose fingerprints are submitted under the authorization of the NCPA/VCA.

The QE is authorized under 34 USC 40102(a) to request a national criminal history record check for the purpose of determining whether you have been convicted of a crime that bears your fitness to have responsibility for the safety and well-being of children, the elderly, or individuals with disabilities.

Until the criminal history record check is complete, the QE may choose to deny you unsupervised access to children, elderly or individuals with disabilities or the QE may choose to deny your application or grant a limited or restricted license.

The noncriminal justice applicant's privacy rights apply to all applicant's whose fingerprints are submitted to request National Criminal History Record Checks for Noncriminal Justice Purposes, including under the NCPA/VCA authorization.

ACKNOWLEDGEMENT AND STATEMENT

I am a current or prospective (check one): ☐ Licensee ☐ Employee ☐ Volunteer ☐ Contractor/Vendor

Please complete the following information as it appears on a valid identification document:

Printed Name _____ Date of Birth _____

Residential Address _____ City _____ State _____ Zip Code _____

Waiver Agreement and Privacy Act Statement (Cont.)

(Please initial next to each statement to acknowledge)

_____ I understand that my fingerprints will be used to check the criminal history records of the FBI.

_____ I have been provided a copy of the Privacy Act Statement.

_____ I understand that I am entitled to challenge the accuracy and completeness of any information contained in the criminal history report, if any, received on me.

_____ I understand that the procedures for obtaining a change, correction, or update of my criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.

_____ I further understand that I will be afforded a reasonable amount of time to correct or complete the record, or decline to do so, before a final decision is made about my status as an employee, volunteer, contractor or subcontractor, or my eligibility for any pertinent license, certification or registration, adoption, or other benefit.

_____ I understand that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

☐ I ***have*** been convicted of a crime ☐ I ***have not*** been convicted of a crime.

If convicted, describe the crime(s) and the particulars of the conviction(s) below. Use additional paper as needed:

_____

_____

_____

By signing this Waiver Agreement, it is my intent to authorize the release and dissemination of any Iowa and/or national criminal history record that may pertain to me to the above-referenced QE with which I am employed, seeking employment with, seeking to serve as a volunteer for, or am seeking licensure from. I am also acknowledging that the above named QE has notified me of and that I understand my privacy rights as a noncriminal justice applicant. Furthermore, I authorize the QE to forward this agreement to DCI upon request.

_____
Signature Date

TO BE COMPLETED BY THE QUALIFIED ENTITY:

QE Name: _____ OCA: _____

Address: _____ Phone: _____

By signing this Agreement, I am acknowledging that, as the facilitator of this Agreement for the QE, prior to fingerprints being submitted to the DCI to be forwarded to the FBI, I have provided the applicant their rights and will carry out any agency requirements once the FBI results are received, if applicable. I have also provided the Privacy Act Statement and am making a copy of this executed agreement available to the applicant should they so request it.

QE Signature: _____ Date: _____

The QE **must provide a copy of this document to the applicant if requested** and **maintain the original at the QE** within the guidelines set forth in the Iowa User Agreement; **Do not send to DCI** unless requested. If fingerprints are submitted via Fieldprint, completion of this document is not required, although recommended.