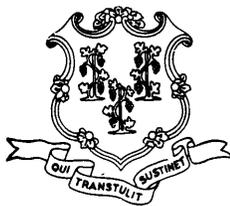


STATE OF CONNECTICUT
 DEPARTMENT OF CONSUMER PROTECTION
 License Services/Charitable Games
 165 Capitol Avenue
 Hartford, CT 06106
 Email: DCP.GamingCharitable@CT.gov
 Web site: www.ct.gov/dcp



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

CGB-2 REV. 06/11

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.

TO: DEPARTMENT OF CONSUMER PROTECTION					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 EVER 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.)		
DO NOT WRITE BELOW THIS LINE												
APPLICATION FOR P.I.N. IS APPROVED						DATE (Mo., Day, Yr.)						