

This affidavit must be completed by each person who wishes to assist in the conduct of any game of bingo. If any information is blank or incorrect, the affidavit will be returned to you. All information is subject to verification. Disclosure of your Social Security Number (SSN) is voluntary. This information may be used to establish positive identification for purposes of criminal background checks pursuant to Arizona Revised Statutes § 5-404.

Licensee's Name		License Number		
Position (check the appropriate boxes): <input type="checkbox"/> Manager <input type="checkbox"/> Supervisor <input type="checkbox"/> Proceed Coordinator <input type="checkbox"/> Assistant				
Affiant's Name		REVENUE USE ONLY. DO NOT MARK IN THIS AREA. 88 81 PM 80 RCVD		
Social Security Number	Date of Birth			
MM DD YYYY				
Address				
City	State			ZIP Code
Home Phone No. (with area code)	Work Phone No. (with area code)			

If licensee is a qualified organization, complete the following section:

Member?	Date Joined Organization
<input type="checkbox"/> Yes <input type="checkbox"/> No	MM DD YYYY
Officers?	Officer Title
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have an affidavit on file for any other licensee?	
<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", list license number(s):	

I, _____, the above-named affiant, under penalty of perjury, upon oath, depose and say that I will conduct or assist in conducting all bingo games in compliance with the terms of the license, Arizona Revised Statutes, Title 5, Chapter 4, and the rules of the licensing authority. I am of good moral character and have never been convicted of any misdemeanor involving moral turpitude or felony. I have not and shall not receive any reward, compensation or recompense for my participation in the conduct of bingo games except as provided for by law. I hereby swear or confirm that I have read and understand the foregoing and verify that the information and statements made herein are true and correct to the best of my knowledge.

Signature of Affiant

Date

Please mail to: Arizona Department of Revenue, PO Box 29019, Phoenix, AZ 85038-9019

☎ (602) 716-7801