



**Missouri List of Disassociated Persons**  
**Application for Statewide Self-Exclusion**  
 (also known as the Voluntary Self-Exclusion Problem Gambling List)

Applicant Initials: \_\_\_\_\_

For MGC Office Use Only:  
**VCode:** \_\_\_\_\_  
**Location:** \_\_\_\_\_

**Instructions - Read carefully**

- Read the entire form, the Voluntary Self-Exclusion Program Rules (11 CSR 45-17), and the statewide self-exclusion guidelines before responding to the questions.
- Print legibly in blue or black ink.
- Include a (clear/legible) copy of a driver's license or other government-issued photo identification card.

**Important Notice**

This form is to be completed by a person who is concerned he or she is a problem gambler and who is requesting to be excluded from gambling activities at all licensed excursion gambling boats in the State of Missouri. Pursuant to 11 CSR 45-17, by signing and submitting this application, you are agreeing to refrain from visiting all Missouri casinos (excursion gambling boats). The Missouri Gaming Commission recommends you seek treatment for your gambling problem. **Free treatment is available for both problem gamblers and their family.** To obtain the most recent information about treatment services or discuss your gambling problem with someone, please call **1-888-BETS-OFF (1-888-238-7633)**. The number is staffed 365 days per year, 24 hours per day.

**Section 1: Personal Information**

- 1  I read and understand English  
 An interpreter read and explained this form to me  
 (Complete the "Interpreter Information & Affirmation" form)
- 2 Full legal name of individual requesting voluntary self-exclusion:  
**First:** \_\_\_\_\_  
**Middle:** \_\_\_\_\_  
**Last:** \_\_\_\_\_  
**Suffix:**  Jr.  Sr.  II  III  IV
- 3 **Other names/alias/nicknames/maiden name used:**
- 4 **Date of birth:** (MM/DD/YYYY) \_\_\_\_\_
- 5 **SSN (OR Other Taxpayer Identification Number):**  
**Social Security # (SSN):** \_\_\_\_\_  
 - or -  
 International ID # (non-US ID): \_\_\_\_\_

In accordance with Section 5 of the Privacy Act, 7 U.S.C. 522a, disclosure of your Social Security Number ("SSN") to the MGC is voluntary. Failure to provide your SSN is not grounds for denial of your request for placement on the List of Disassociated Persons; however, omission of your SSN may increase processing time. If provided, your SSN may be disclosed to appropriate personnel of MGC and Missouri licensed casinos to enforce rules of 11 CSR 45

- 6 **Physical Description:**  
**Height:** \_\_\_\_\_' \_\_\_\_\_" **Weight (lbs):** \_\_\_\_\_
- Hair**  Auburn  Bald  Black  Blonde  
**Color:**  Brown  Gray  Red  Salt Pepper  
 Sandy  Strawberry  White  Other  
**Eye**  Black  Blue  Brown  Gray  Green  
**Color:**  Hazel  Maroon  Multi  Pink  Other

- 7 **Ethnic Origin:**  
 African  African-American  Alaskan Native  
 American Indian  Asian  Caucasian  East Indian  
 Hispanic  Middle Eastern  Pacific Islander  Unknown

- 8 **Noticeable Physical Characteristics:**  
 (birthmarks, scars, tattoos, etc.)

- 9 **Address:** \_\_\_\_\_  
 Street, Apt/PO Box  
 \_\_\_\_\_  
 City State  
 \_\_\_\_\_  
 County/Province Postal Code

- 10 **Telephone Number(s):**  
 Primary Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_

- 11 **Email Address:**  
 \_\_\_\_\_

- 12 **Have you ever been approved for statewide self-exclusion in Missouri?**  
 Yes  No





### Application for Statewide Self-Exclusion (Placement on Missouri List of Disassociated Persons)

Applicant Name: \_\_\_\_\_

#### Section 1: Personal Information – Continued

13 Does your job require you to enter a Missouri casino floor in performance of your job duties? Yes  No

If yes, please provide the following information:

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Gaming License#: \_\_\_\_\_

Location(s) at which access is/may be needed: \_\_\_\_\_

15 Have you or an immediate family member ever served in the U.S. Armed Forces?  Yes  No

If yes, would you like information about military-related services in Missouri? If so, please contact:

Missouri Veterans Commission  
[www.veteranbenefits.mo.gov](http://www.veteranbenefits.mo.gov)  
573-522-4061

Or

The U.S. Department of Veteran Affairs (VA)  
[www.va.gov](http://www.va.gov)  
800-698-2411

14 Driver's License/ID Card: (Attach a photocopy)

ID Number: \_\_\_\_\_

Type:  Driver's License  State ID  Passport  
 Military ID  Naturalization Card

Exp. Date: (MM/DD/YYYY) \_\_\_\_\_

#### Section 2: List of Disassociated Persons Self-Exclusion Guidelines

Note: Pursuant to 11 CSR 45-17, individuals requesting placement on Missouri's List of Disassociated Persons ("List") must read, agree to, and understand the following self-exclusion guidelines before completing this request for statewide self-exclusion. If the individual has any questions about placement on the List, the individual should contact the DAP staff at the Jefferson City MGC office (573 / 526-4080).

1. You must personally and voluntarily complete a request for statewide self-exclusion.
2. Your identity and eligibility for placement on the List will be verified.
3. Once a request for statewide self-exclusion has been made, verified, and approved, your name will be added to the List and will be made accessible to each Class B Licensee (riverboat casino operator) and Licensed Fantasy Sports Contest Operator.
4. You agree you will not enter or attempt to enter a Missouri excursion gambling boat during the time period you are on the List. **(Any licensee may impose restrictions, including denial of access to any amenities in Missouri or other jurisdictions, and may deny you access to gambling facilities in other jurisdictions.)**
5. Any points or complimentaries you may have earned prior to placement on the List will be forfeited.
6. You will notify the MGC of any errant mailing or marketing offer you might receive from a Class B licensee (riverboat casino operator) or Licensed Fantasy Sports Contest Operator while on the List.
7. The consequences of you violating this agreement are criminal trespass charges and denial of any winnings resulting from gambling while on the List of Disassociated Persons.
8. It WILL BE YOUR responsibility to stay out of all Missouri riverboat casinos.
9. It WILL NOT be the responsibility of the Commission, nor any of the various casino companies, to stop you from entering a Missouri excursion gambling boat.
10. Disclosure of certain information is necessary to implement and enforce your request for self-exclusion. Your information will be added to a statewide self-exclusion database. Disclosure may also occur if needed for the conduct of an official investigation or if ordered by a court of competent jurisdiction.
11. You will notify the commission within thirty (30) days of any changes to the information provided in Section 1.
12. Your name will remain on the List indefinitely. You may apply to the Commission to have your name removed from the List no sooner than five years after placement on the List.
13. If you apply for and have your name removed from the List, and later reapply to be placed on the List, your placement on the List is irrevocable for life.





**Application for Statewide Self-Exclusion (Placement on Missouri List of Disassociated Persons)**

Applicant Name: \_\_\_\_\_

**Section 3: Waiver and Release**

I hereby release and hold the State of Missouri, the Missouri Gaming Commission and its employees, and all excursion gambling boats in Missouri and their affiliated companies, employees, officers and agents harmless from any claim by me or any third party for any harm, monetary or otherwise, which may arise out of or by reason of any act or omission relating to the request for self-exclusion or maintenance or enforcement of the self-exclusion list, including, but not limited to, relinquishing the right to any money or thing of value obtained by me from, or owed to me by, a Class B Licensee (riverboat casino operators) or Fantasy Sports Contest Operators as a result of wagers made by me while on the List of Disassociated Persons. **I understand my presence on an excursion gambling boat constitutes trespassing and I will be arrested for such, I am not eligible to place a legal wager on an excursion gambling boat in Missouri and I will be denied the winnings based on any wager I might place on an excursion gambling boat.**

**Section 4: Acknowledgement and Signature**

I hereby acknowledge the following:

Because I am a problem gambler, I am voluntarily requesting exclusion from the premises of all Missouri excursion gambling boats, check-cashing privileges, the receipt of direct-marketing and promotional materials regarding gaming opportunities, and collection of any winnings or recovery of any losses during the exclusionary period. I understand no further points, rewards or benefits may be accumulated or redeemed from the player recognition programs I have participated in. I understand this self-exclusion request does not release me from any liabilities incurred prior to or during the self-exclusion period. I understand that during the self-exclusion period, any money or thing of value obtained by me from, or owed to me by, a casino as a result of wagers made by me while on the self-exclusion list shall be relinquished. I hereby consent to having this form, my photograph and identifying information, including my social security number, disseminated to necessary MGC, Class B Licensee (riverboat casino operator) and Licensed Fantasy Sports Contest Operator personnel and I hereby designate, constitute and appoint the Commission and any agent of the Commission as my agent and true and lawful attorney-in-fact in my name, place, stead and on my behalf and for my use and benefit to release all contents of my application to all Class A or B licensees (riverboat casino operators) and Licensed Fantasy Sports Contest Operators and their employees and agents. I further consent to having said information disclosed to casino affiliated companies outside of Missouri and that I may be excluded from those casinos without further action on my part. I understand the Commission or its agents or employees may contact me at times to conduct research necessary to evaluate the List of Disassociated Persons and determine appropriate methods of addressing problem gambling issues in Missouri.

I acknowledge that for my request of self-exclusion to be truly effective, I must exercise self-restraint and I shall not attempt to enter the premises of any Missouri excursion gambling boat or ask any casino employee to assist me with any of the services or privileges which are subject to this request. I acknowledge that I am hereby banned and forbidden from entering the premises of any Missouri excursion gambling boat and that if I am found anywhere on the premises of a Missouri casino, I will immediately be ejected, will be arrested, and prosecuted for criminal trespass pursuant to 11 CSR 45-17. **I certify the information I have provided herein is true and accurate, and I am not presently under the influence of any alcoholic beverages, controlled substances, or prescription medication which would prevent me from making a sober and informed decision. I further certify I have read, understand, and agree to 11 CSR 45-17, this acknowledgement, the self-exclusion guidelines, as well as to the waiver and release above. I execute it voluntarily and with full knowledge of its consequences and significance.**

\_\_\_\_\_  
Signature of Applicant for voluntary statewide self-exclusion

\_\_\_\_\_  
Date

