

**Form:** ACTGRA - Supplier Technician/Principal Renewal Application

Form Id: 230  
Form Entry Id:

# Alabama-Coushatta Tribe of Texas Tribal Gaming Regulatory Authority



**657 State Park Rd 56**

**Livingston, Texas 77351**

**(936) 563-1246 / (936) 563-1248**

## **SUPPLIER PRINCIPAL/ TECHNICIAN GAMING LICENSE FORM**

Last Revised on July 31, 2025

### **Authority**

Indian Gaming Regulatory Act, 25 U.S.C. 2701 et seq. and Tribal Ordinance and Regulations.

### **Purpose**

To protect the tribe, employees, patrons, and public by ensuring that gaming activities are free from criminal activities and corruptive elements. The required information is used to determine the suitability of the applicant to be employed by or associated with the gaming activities.

### **Burden of Proof**

An applicant is seeking the granting of a privilege. The burden of proving the applicant's qualifications is at all times on the applicant.

### **Disclosure of Information**

**\*\* An applicant may be subject to denial or other action for failing to provide all information, documentation, and assurances as required or requested, or failing to reveal any material facts, or providing misleading or untrue information. The Tribal Gaming Commission reserves the right to request additional information at any time.**

## Waiver of Claim for Damages

An applicant accepts any risk of adverse reaction, financial loss, or public notice, which may result from any action taken with respect to an application. By filing an application, an applicant expressly waives any claim for damages as a result of any action taken with respect to that application.

## Withdrawal of an Application

An application may not be withdrawn without the permission of the Tribal Gaming Commission.

## Privacy Act Notice

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 25 U.S.C. 2701 et. seq. The purpose of the requested information is to determine the eligibility of individuals to be granted a gaming license. The information will be used by the Tribal gaming regulatory authorities and by the National Indian Gaming Commission (NIGC) members and staff who have need for the information in the performance of their official duties. The information may be disclosed by the Tribe or the NIGC to appropriate Federal, Tribal, State, local, or foreign law enforcement and regulatory agencies when relevant to civil, criminal, or regulatory investigations or prosecutions or when pursuant to a requirement by a tribe or the NIGC in connection with the issuance, denial, or revocation of gaming license, or investigations of activities while associated with a tribe or a gaming operation. Failure to consent to the disclosures indicated in this notice will result in a tribe's being unable to license you for a primary management official or key employee position. The disclosure of your Social Security Number (SSN) is voluntary. However, failure to supply a SSN may result in errors in processing your application.

## Notice Regarding False Statements

A false statement on any part of your license application may be grounds for denying a license or the suspension or revocation of a license. Also, you may be punished by fine or imprisonment (U.S. Code, title 18, section 1001).

## License Fees

The level of fees for issuance or renewal of a gaming license, and the payment of such fees, shall be in accordance with tribal regulations.

## Special Instructions

Complete each question. If not applicable, indicate so with "N/A".  
If needed, upload additional documents.

Initial Here (Enter 2-3 letters EX. RA or RDA)

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### *Application Instructions:*

***\*\*\*Please read carefully and follow the licensing instructions\*\*\****

- Do not misstate or omit any material fact(s) as each statement made herein is subject to verification.

- You are advised that this License application is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for denial or revocation.

Application Type:

- Principal
- Technician



 Select your file

We accept .doc .docx .xlsx .xlsm .pdf .jpg .png .webp .txt .csv .bmp .ico .tiff .emf .wav .jpeg .exif .gif .tif .icon .wmf .bin .ps .rtf .ppt .pptx files.

Maximum upload size: 32 Mb.

### Personal Information

Current Title/Position:

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Full Legal Name (Capitalize the first letter only for each name, please)

\_\_\_\_ First    \_\_\_\_\_ Full Middle Name    \_\_\_\_\_ Last

Have you gone by any other name(s) or alias(es) (Alias, Legal Name Change, Maiden Name)?

- Alias
- Legal Name Change
- Maiden Name
- No

Phone Types (Check all that applies)?

- Home
- Mobile
- Work
- No Change / N/A

Email Types (Check all that applies)?

- Personal
- Work
- No Change / N/A

What type of Government ID do you have?

- Drivers License
- State ID

### Residences

Please **list all** your places where you lived (Most Recent First) **since you were initially licensed or since your last renewal**. Please **list any gaps** between residence history.

Address Types (Select All that Applies)

- Current
- Mailing
- Previous

### Criminal History Information

Have you been detained, arrested, charged with, convicted of, been imprisoned/jailed, been on probation, or been on parole for any offense (s) since you were initially licensed or since your last renewal?

- Yes
- No

### Financial History Information

Have you filed for bankruptcy, in any jurisdiction since you were initially licensed or since your last renewal?

- Yes
- No

**NOTE: Additional financial information may be required by the Tribal Gaming Regulatory Authority**

### Additional Information

Please list below any additional information you may wish to have considered as part of this application:

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# CERTIFICATION

My statements on this application, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a false or fraudulent answer to any question or item on any part of this application or its attachments may be grounds for not being issued a gaming license, or the gaming license issued to you being suspended or revoked after I begin work, and may be punishable by fine or imprisonment.

I certify that my responses to the above questions are made under penalty of perjury, which is punishable by fine or imprisonment, and that I have received notice that a criminal history records check will be conducted and is a condition of employment. I understand my right to obtain a copy of any criminal history report made available to the Alabama-Coushatta Tribe of Texas Tribal Gaming Regulatory Authority and my rights to challenge the accuracy and completeness of any information contained in the report.

## Terms of Acceptance and Signature

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.\*

**Electronic Signature**

**Date**

\_\_\_\_\_  
Please type your First and Last name

# CONSENT TO JURISDICTION

By signing and submitting my application with the Alabama-Coushatta Tribe of Texas Tribal Gaming Regulatory Authority, I consent to the jurisdiction and decision-making authority of the Alabama-Coushatta Tribe of Texas Tribal Gaming Regulatory Authority. I agree to be bound by the laws of the Alabama-Coushatta Tribe in addition to the Alabama-Coushatta Tribe of Texas Tribal Gaming Regulatory Authority Act and Regulations and I specifically consent to jurisdiction of the Alabama-Coushatta Tribe of Texas Tribal court system.

## Terms of Acceptance and Signature

I, the (applicant, requestor, etc.) for this Alabama-Coushatta Tribe of Texas Tribal Gaming Regulatory Authority Gaming License Application, warrant the truthfulness of the information provided in this application.

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.\*

**Electronic Signature**

**Date**

\_\_\_\_\_  
Please type your First and Last name

# RELEASE TO OBTAIN A CREDIT REPORT

## FAIR CREDIT REPORTING ACT OF 1970, AS AMENDED

One or more consumer credit reports may be obtained for licensing purposes pursuant to the Fair Credit Reporting Act, as amended, 15 U.S.C. § 1681, *et seq.* Should a decision to take any adverse action against you be made based either in whole or in part on the consumer credit report, the consumer reporting agency that provided the report played no role in the Alabama-Coushatta Tribe of Texas Tribal Gaming Regulatory Authority decision to take such adverse action.

Information provided by you on the form will be furnished to the consumer reporting agency in order to obtain information in connection with an investigation to determine your (1) fitness for employment, (2) clearance to perform contractual services, and/or (3) security clearance or access. The information obtained may be re-disclosed to other agencies for the above purposes and in fulfillment of official responsibilities to the extent that such disclosure is permitted by law. Your Social Security number is needed to keep records accurate, because other people may have the same name.

I hereby authorize the **Alabama-Coushatta Tribe of Texas Tribal Gaming Regulatory Agency** to obtain such report(s) from any consumer/credit reporting agency for licensing purposes.

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Electronic Signature

Date

\_\_\_\_\_  
Please type your First and Last name

\_\_\_\_\_

## AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize any investigator, or other duly accredited representative of the agency conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, and criminal history record information.

I further authorize any investigator, or other duly accredited representative of the **Alabama-Coushatta Tribe of Texas Tribal Gaming Regulatory Authority**, who is conducting my background investigation, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in a position working with children. I understand that I may request a copy of such records as may be available to me under the law.

I authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, or other duly accredited representative authorized above regardless of any previous agreement to the contrary.

I understand that the information released by records custodians and sources of information is for official use by Alabama-Coushatta Tribe of Texas Tribal Gaming Agency only for the purposes of determining my suitability for employment with the **Alabama-Coushatta Gaming Facility and/or the Alabama-Coushatta Tribe of Texas Tribal Gaming Regulatory Authority**.

I forever release, fully discharge, and agree to indemnify, defend and hold harmless the **Alabama-Coushatta Tribe of Texas Tribal Gaming Regulatory Authority, the Alabama-Coushatta Gaming Facility and the Alabama-Coushatta Tribe of Texas** and their respective officers, employees, Board members, volunteers, representatives and agents from any and all claims, causes of action, responsibility, liability, damages, losses, costs and expenses of any nature related directly or indirectly to performing such investigations and criminal history checks and using and relying on any information obtained therefrom. Additionally, I forever release, fully discharge, and agree to indemnify, defend and hold harmless any current or former employer or educational institution, and any officer, employee, volunteer, representative or agent thereof, that furnishes written or verbal information about me from any and all claims, causes of action, responsibility, liability, damages, losses, costs and expenses of any nature related directly or indirectly to furnishing such information.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid from the date signed or upon the termination of my affiliation with the **Alabama-Coushatta Tribe of Texas Tribal Gaming Regulatory Authority and/or the Alabama-Coushatta Gaming Facility** whichever is sooner.

I fully understand the above and give my authorization.

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Electronic Signature

Date

\_\_\_\_\_

Please type your First and Last name

Other Names Used

Social Security Number

Driver's License Number

Driver's License State

\_\_\_\_\_

## DISCLAIMER

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duties. The information may be disclosed by the Tribe or NIGC to appropriate Federal, Tribal, State, local, or foreign law enforcement and regulatory agencies when relevant to civil, criminal or regulatory investigations or prosecutions or when pursuant to a requirement by a tribe or the NIGC in connection with the issuance, denial, or revocation of a gaming license, or investigations of activities while associated with a tribe or a gaming operation. Failure to consent to the disclosures indicated in this notice will result in a tribe's being unable to license you for a primary management official or key employee position. The disclosure of your Social Security Number (SSN) is voluntary. However, failure to supply a SSN may result in errors in processing your application.

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I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.\*

Electronic Signature

Date

\_\_\_\_\_  
Please type your First and Last name

## Privacy Act Statement

*This privacy act statement is located on the back of the [FD-258 fingerprint card](#).*

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.

As of  
03/30/2018

### Terms of Acceptance and Signature

I, the (applicant, requestor, etc.) for this Alabama-Coushatta Tribe of Texas Tribal Gaming Regulatory Authority Gaming License Application, warrant the truthfulness of the information provided in this application.

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**Electronic Signature**

**Date**

\_\_\_\_\_   
Please type your First and Last name

\_\_\_\_\_

## NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification<sup>1</sup> 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.<sup>2</sup>
- 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.<sup>3</sup>

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.<sup>4</sup>

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, 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 <https://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.)

<sup>1</sup> Written notification includes electronic notification, but excludes oral notification.

<sup>2</sup> <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

<sup>3</sup> See 28 CFR 50.12(b).

<sup>4</sup> See 5 U.S.C. 552a(b); 28 U.S.C/ 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d)

I acknowledge receiving a copy of the Noncriminal Justice Applicant’s Privacy Rights.

### Terms of Acceptance and Signature

I, the (applicant, requestor, etc.) for this Alabama-Coushatta Tribe of Texas Tribal Gaming Regulatory Authority Gaming License Application, warrant the truthfulness of the information provided in this application.

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.\*

**Electronic Signature**

**Date**

\_\_\_\_\_
Please type your First and Last name

\_\_\_\_\_