

**REGISTRATION APPLICATION
FOR CASINO ADVISOR EXAMINATION**

50 Corriveau Avenue
St. Albert, Alberta T8N 3T5

Phone: (780) 447-8600 Fax: (780) 447-8912
Toll Free : 1-800-272-8876

Website: www.aglc.ca

Application Date: / / Exam Date: / / Location: _____ Time: _____
Day Month Year Day Month Year

Examination Type: Cash Cage Count Room Dual

Is this the first, second or third time you have written the Casino Advisor Exam? First Second Third

Are you currently registered as a gaming worker with the AGLC? Yes, Registration # _____ No

PLEASE PRINT CLEARLY

Full Name _____
Surname

Residence Address _____
Apt #

_____ Street

_____ City _____ Province _____ Postal Code

Given Names _____

Maiden name, or any other former names: _____

Date of Birth _____
Day Month Year

Tel. No. (Res) _____

Tel. No. (Cell) _____

Fax No. _____

Place of Birth _____
City/Town Province/Territory

Mailing Address _____
Postal Box

Citizen of: _____
Country

_____ City _____ Province _____ Postal Code

Gender: Male Female

The following documentation must be submitted with the Registration Application:
 Current security clearance (original) provided by RCMP or local police, dated within the last three (3) months.
 Casino Advisor examination fee - \$100.00 (cheque or money order payable to AGLC).

The information you are providing on this application form is collected under the authority of the *Gaming and Liquor Act*, Gaming and Liquor Regulation, and the *Freedom of Information and Protection of Privacy (FOIP) Act*, section 33(c). The information is strictly for the use of the Alberta Gaming and Liquor Commission in assessing your eligibility.

Your personal information is protected by Alberta's FOIP Act and can be reviewed upon request. If you have any questions about the collection or use of the information, please contact:

Alberta Gaming and Liquor Commission
 50 Corriveau Avenue
 St. Albert, Alberta T8N 3T5
 Telephone: 780-447-8600
 Toll-free: 1-800-272-8876

_____ Applicant's Signature _____ Date