## Arizona Department of Revenue • Bingo Section



1600 West Monroe, Phoenix, AZ 85007 • (602) 716-7801

## AFFIDAVIT

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 is voluntary. This information may be used to establish positive identification for purposes of criminal background checks pursuant to Arizona Revised Statutes, §5-404.

## Please type or print in black ink.

LICENSEE'S NAME				LICENSE	NUMBER		
POSITION							
Check the appropriate boxes:	Manager	Supervisor	Proceed Coor	dinator	🗖 Ass	sistant	
AFFIANT'S NAME				SOCIAL S	SECURITY	NO.	
ADDRESS				DATE OF	BIRTH		
							1
CITY		STATE	ZIP CODE				
				-			
HOME PHONE NO. (with area code)	WOR	K PHONE NO. (with	area code)				

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

MEMBER?	DATE JOINED ORGANIZATION				
🗆 Yes 🔲 No					
OFFICERS?	OFFICER TITLE				
🗆 Yes 🔲 No					
DO YOU HAVE AN AFFIDAVIT ON FILE FOR ANY OTHER LICENSEE?					
☐ Yes ☐ 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