



INVESTIGATION AUTHORIZATION

PLEASE DO NOT WRITE IN THIS BLOCK

Application/Retailer # _____
(Office use only)

NOTE: This form must be completed by each person listed in the "control person(s)" portion of the Business Application. Please sign, notarize and return with each application.

IDENTIFYING INFORMATION (See reverse for Disclosure Requirements)

BUSINESS/ ORGANIZATION NAME (LLC, INC....)

BUSINESS PHONE:

INDIVIDUAL'S FULL NAME:

AKA (Also known as, i.e. maiden name/nickname, etc.):

DATE OF BIRTH:

PLACE OF BIRTH:

SOCIAL SECURITY NUMBER:

DRIVER LICENSE # AND STATE ISSUED:

HOME ADDRESS:

CITY/STATE:

ZIP:

HOW LONG?

HOME PHONE:

CELL PHONE:

Is applicant a United States citizen ☐ Yes ☐ No

(Must have home number)

INVESTIGATION AUTHORIZATION AUTHORIZATION TO RELEASE INFORMATION WAIVER OF CLAIM FOR INACCURATE INFORMATION

I, _____, hereby authorize the Idaho State Lottery to conduct an investigation into my personal background using whatever legal means it deems appropriate. Persons requested to provide information which the Idaho State Lottery or its authorized representative determines is necessary, are hereby authorized to provide such information.

I understand that by signing this authorization, a criminal record check and a credit check will be performed.

I understand that the Idaho State Lottery may conduct a complete and comprehensive investigation to determine the accuracy of all information gathered. Further, the Idaho State Lottery Director, employees, agents, authorized representatives and other employees of the State of Idaho will not be held liable for inaccurate information, and I hereby waive any claim against the Idaho State Lottery Director, etc., for any matter that may arise in connection with the investigation into my personal background.

The Idaho State Lottery reserves the right to investigate all relevant information and facts to its satisfaction.

ALL INFORMATION GATHERED AS A RESULT OF THIS INVESTIGATION WILL BE HELD CONFIDENTIAL.

Signature _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, 20 _____
WITNESS MY HAND AND OFFICIAL SEAL.

NOTARY PUBLIC _____

RESIDING AT: _____

My Commission Expires: _____



PLEASE NOTE: The information obtained will remain confidential.

INVESTIGATION AUTHORIZATION INSTRUCTIONS

1. Please indicate business name and complete all the identifying information for each control person shown on 7b (and any attached listings) of Business Application.
2. Control person must read, notarize and sign the Investigation Authorization portion.
3. EACH INVESTIGATION AUTHORIZATION MUST BE NOTARIZED.

DISCLOSURE REQUIREMENTS FOR RETAILERS

1. If the prospective lottery game retailer is a corporation, the officers, directors and each stock holder in such corporation; except that, in the case of stockholders of public held equity securities of a publicly traded corporation, only the names and addresses of those known to the corporation to own five percent (5%) or more of such securities need be disclosed;
2. If the prospective lottery game retailer is a trust, the trustee and all persons entitled to receive income or benefit from the trust;
3. If the prospective lottery game retailer is an association, the members, officers and directors;
4. If the prospective lottery game retailer is a subsidiary, the officers, directors and each stock holder of the parent corporation thereof; except that, in the case of the stockholders of publicly traced corporation, only the names and addresses of those know to the corporation to own five percent (5%) or more of such securities need be disclosed;
5. If the prospective lottery game retailer is a partnership or joint venture, all of the general partners, limited partners or joint venturers;
6. If the parent company, general partner, limited partner or joint venturer of any prospective lottery game retailer is itself a corporation, trust, association, subsidiary, partnership or joint venture, then all of the information required herein shall be disclosed for such other entity as if it were itself a prospective lottery game retailer to the end that full disclosure of ultimate ownership be achieved;
7. If any member of the immediate family of any prospective lottery game retailer is involved in the lottery game retailer's business in any capacity (full-time), then all of the information required herein shall be disclosed for such immediate family member as if such immediate family member were a prospective lottery game retailer;
8. The details of any felony conviction of a criminal offense, state or federal, of the retailer or any person whose name and addresses are required by the disclosure requirements of this section.



**IDAHO STATE POLICE
BUREAU OF CRIMINAL IDENTIFICATION**



NAME BASED CRIMINAL BACKGROUND CHECK FORM
of the Idaho Central Repository of Criminal History Records
Conducted for the Idaho Lottery

Please print clearly in blue or black ink only. Illegible forms will be returned for clarification.

Incomplete forms will be returned unprocessed.

REQUEST				
Please provide an Idaho Criminal History on the individual named below.				
Last Name		First Name		Middle Name
Alias Names (Include Maiden/prior Married Names) Please provide both first and last name.				
Date of Birth (mm/dd/yyyy)		Social Security Number (optional)		Sex Race
Address		City	State	Zip
WAIVER				
Idaho law does not require a waiver. However, without a signed waiver from the subject of the record, any arrest more than 12 months old, without a disposition, cannot be given to a non-criminal justice agency. Any waiver other than this waiver will not be accepted.				
I hereby give permission for the requester, named below, to receive any information maintained by the Idaho Bureau of Criminal Identification concerning myself.				
Signature		Date		
<i>This signature on the waiver must be within 180 days of the name check submission.</i>				

TO BE COMPLETED BY IDAHO LOTTERY
Incomplete forms will be returned unprocessed

Requesting Person or Company IDAHO LOTTERY PLEASE BILL BCI0059	Address of Requester (Results will be mailed to this address) Street <u>1199 SHORELINE LANE, SUITE 100</u> City, State & Zip Code <u>BOISE, ID 83702</u>		
Printed Name of Requester (Print Legibly) Amber French	Signature of Requester 	Phone Number of Requester 208-334-2277	

General Information:

Idaho law does not require a person to give consent. However, without a signed release from the subject of record, any arrest more than 12 months old, without a disposition, cannot be given to a non-criminal justice agency. **Results of a Name Based Criminal Background check cannot be notarized.**

Criminal history record information furnished as a result of a non-fingerprint based computerized search is based solely on a search of identifiers provided in the request. Be aware it is not uncommon for criminal offenders to use alias names and false dates of birth, which would adversely affect the completeness and accuracy of a non-fingerprint based search of the Idaho Central Repository of Criminal History Records. No other state or federal agency records can be searched under current law. The bureau does not telephone or fax responses. Please allow ample time for processing this request. Requests are processed on a first come basis.

The records maintained by the Idaho Bureau of Criminal Identification (BCI) are based upon the felony and serious misdemeanor arrests reported to BCI from other Idaho criminal justice agencies. If a person disputes the accuracy of information obtained, that person may challenge the information by writing to the address on this form.

Idaho code 67-3008 (6) states, "A person or private agency or public agency, other than the department, shall not disseminate criminal history record information obtained from the department to a person or agency that is not a criminal justice agency or court without a signed release of the subject of record unless otherwise provided by law.

Return Completed form to:
Idaho Lottery Enforcement Division
PO Box 6537
Boise, ID 83707

Checks conducted for the Idaho Lottery by:
Bureau of Criminal Identification
Idaho State Police
Meridian, ID

Rev. 7/10/2017