

Gaming Policy and Enforcement Branch – Registration and Certification Division
Mail: PO Box 9202, Stn Prov Govt, Victoria, BC V8W 9J1
Courier: 3rd Floor, 910 Government St., Victoria, BC V8W 1X3

Telephone: (250) 356-0663 | **Fax:** (250) 356-0782
Web: www.gaming.gov.bc.ca
BEFORE YOU START

Use this form to request a replacement gaming worker ID card if yours is lost, stolen, or damaged, or you have changed your name.

- The fee for a replacement ID card is \$25. Payment options include: 1) cash; 2) money order; 3) certified cheque or company cheque payable to the Minister of Finance; or 4) company draw down account.
- Submit the completed form with payment to the address above.

SECTION 1 – TO BE COMPLETED BY APPLICANT
PLEASE PRINT CLEARLY

Reason for request:			
<input type="checkbox"/> Lost or stolen GW card	<input type="checkbox"/> Damaged GW card (NOTE: damaged GW card must be returned upon replacement)		
<input type="checkbox"/> Change name on front of GW card	New name to appear on front of GW card:		
<input type="checkbox"/> Legal name change (see below)			
Applicant information:			
GW card number you are replacing:	Name as it appears on the back of your current GW card:		
	Surname:	First name:	
Home address: (current physical address) Unit and Street		City	Province Postal Code
Employer information:			
Name of gaming company or organization you are employed by:		GPEB USE ONLY EP GBCID #:	
Legal name change information:			
Legal name change: (NOTE: attach a copy of the legal name change document)			Date of change:
Surname:	First name	Middle name:	(YYYY-MM-DD)
Applicant signature:			
Signature of applicant:		Date: (YYYY-MM-DD)	Telephone number: (XXX) XXX-XXXX
X			ext

SECTION 2 – TO BE COMPLETED BY EMPLOYER

Payment information:			
Payment enclosed: <input type="checkbox"/> Cash <input type="checkbox"/> Certified Cheque <input type="checkbox"/> Company Cheque <input type="checkbox"/> Money Order <input type="checkbox"/> Draw Down Account (see below)			
Draw down account:			
I hereby authorize payment to be made via our existing company draw down account.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature of company manager / human resources representative:		Manager or HR rep GW card number:	Telephone number: (XXX) XXX-XXXX
X			ext

GAMING POLICY AND ENFORCEMENT BRANCH USE ONLY

<input type="checkbox"/> Application Complete	<input type="checkbox"/> Fee Enclosed	<input type="checkbox"/> Fee Exempt	Initials:	
Payment type: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Money Order <input type="checkbox"/> Draw Down			Paid by: <input type="checkbox"/> Applicant <input type="checkbox"/> Employer <input type="checkbox"/> 3rd Party	
Comments:		Receipt #:	Initials:	
Approved by:		Date:		
File # GAMW:	Application #:	ID tag #:	GW GBCID #:	