INSTRUCTIONS FOR COMPLETION OF
NEW YORK STATE RACING AND WAGERING BOARD
PROOF OF IDENTIFICATION

IMPORTANT: In order to assure that the fingerprint impressions on the fingerprint cards are those of the applicant, this form MUST be complete. Fingerprint cards submitted without this completed form will be returned to the applicant and an occupational license will not be issued.

Instructions:

STEP 1  Provide proper documentation for review to individual taking applicant’s fingerprints (according to chart on reverse side- choose one of the three options offered)

STEP 2  Individual taking applicant’s fingerprints MUST indicate (by checking boxes) which identification was presented

STEP 3  Applicant AND individual taking fingerprints MUST sign AND date “Proof of Identification” form

STEP 4  Mail “Proof of Identification” form, fingerprint card(s) and license application to the NYS Racing and Wagering Board

Bottom Portion of this form must be complete:

This portion to be completed by Applicant:

I, ______________________________, certify that the proof of identification indicated on the front side of this form (PRINT NAME) was presented to establish my identity.

_________________________  __________________________
Signature of Applicant          Date

This portion to be completed by Person Fingerprinting:

I, ______________________________, certify that proof of identification as indicated on the front side of this form (PRINT NAME) was presented to me by the above named individual prior to taking applicant’s fingerprint impressions.

_________________________  __________________________
Signature of Person Fingerprinting          Date

Agency/Title
NEW YORK STATE RACING AND WAGERING BOARD
PROOF OF IDENTIFICATION CHECKLIST

*Appropriate Boxes MUST be checked**

<table>
<thead>
<tr>
<th>PRIMARY IDENTIFICATION</th>
<th>SECONDARY IDENTIFICATION</th>
<th>SUPPORT IDENTIFICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>COLUMN A</td>
<td>COLUMN B</td>
<td>COLUMN C</td>
</tr>
<tr>
<td>□ Original or certified copy of a birth certificate issued by the appropriate State Bureau of Vital Statistics or equivalent agency.</td>
<td>□ Current photo driver license or photo ID issued by any state in the United States, US territory, the District of Columbia, or Canadian Province.</td>
<td>□ School Records</td>
</tr>
<tr>
<td>□ United States Passport (unexpired or expired).</td>
<td>□ For applicants born before 1961, the following items would be acceptable in this category:</td>
<td>□ Insurance Policy (at least two years old)</td>
</tr>
<tr>
<td>□ Original or certified copy of United States Department of State Certification of Birth (issued to United States citizens born abroad).</td>
<td>□ A) original or certified copy of Form DD-214;</td>
<td>□ Vehicle Title</td>
</tr>
<tr>
<td>□ United States citizenship (naturalization) certificate with identifiable photograph.</td>
<td>□ B) original or certified copy of other state or federal governmental record that states name and date of birth (such as United States records or Social Security records)</td>
<td>□ Military Records</td>
</tr>
<tr>
<td>□ Current United States Immigration and Naturalization Service document with verified date and identifiable photograph.</td>
<td>□ Current United States military ID card for active duty, reserve or retired personnel with identifiable photograph.</td>
<td>□ Current Military dependant identification card</td>
</tr>
<tr>
<td>□ Voter Registration Card</td>
<td>□ ID card used by federal, state, or local government agencies or entities provided it contains a photograph or information such as name, date of birth, sex, height, eye color and address.</td>
<td>□ Original or certified copy of marriage license or divorce decree</td>
</tr>
<tr>
<td>□ Unexpired foreign passport (with a United States Visa or unexpired employment authorization card);</td>
<td>□ School ID card with a photograph</td>
<td>□ Social Security card</td>
</tr>
<tr>
<td></td>
<td>□ Native American tribal document</td>
<td>□ Pilot's license</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Concealed handgun license</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Occupational License from another racing jurisdiction</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ New driver license temporary receipt</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Expired driver license or identification certificate issued by another state, territory, District of Columbia, or Canadian province that is within two years of the expiration date.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ A consular document issued by a state or national government.</td>
</tr>
</tbody>
</table>

PLEASE CHOOSE ONE  (**Appropriate Boxes MUST be checked**)  

Option 1 = One from Column A  
Option 2 = Two from Column B  
Option 3 = One from Column B and Two from Column C
NYS Request for Card Scan Services - Information Form

Instructions for applicant: Complete form and submit with two FBI (blue) fingerprint cards and the Board's Proof of Identification Form and Chart containing the list of acceptable forms of identification.

Please Print Clearly

OIR: NY9217902Z  Contributor Agency: NYS Racing and Wagering Board

Job or License Type: ____________________________
Choose one: (Racing License or National Racing Compact License)

Social Security Number: ________________________
Only list if you have a valid SSN

Agency ID Number: Receipt number to be entered by RWB employee

Check one: □ New Submission  □ Resubmission If resubmission, list TCN Number here: ________________________

Name of Applicant: Last ____________________ First __________________ M.I. ______

Alias / Maiden Name: __________________________

Street Address: ____________________________________________

City, State, & Zip: _________________________________________

Date of Birth: ______________ Age: _____ Sex: □ Male □ Female

Race: ______________ Ethnicity: □ Hispanic □ Non Hispanic □ Unknown

Height: _____ ft. _____ in.  Weight: ______ lbs.

Skin Tone: ______________________ Eye Color: ____________________ Hair Color: ______________________

State / Country of Birth: ____________________________ Country of Citizenship: __________________________

For Official Use Only:

□ L-1 Billing Account Number: ____________________________