

VGM Facility: _____

Lottery Identification No. _____

**NEW YORK LOTTERY
TEMPORARY SERVICE PROVIDER
ACCESS REQUEST FORM**

Business Name: _____

Date: _____

1. Personal Data

NAME: LAST (INCLUDE SR., JR., ETC., IF APPLICABLE) FIRST MIDDLE

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TITLE:

HOME ADDRESS:
NUMBER AND STREET APT #/FLAT # CITY/TOWN STATE/PROVINCE ZIP/POSTAL

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HOME TELEPHONE NUMBER:
(AREA CODE) (NUMBER)

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SOCIAL SECURITY NUMBER:

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BUSINESS ADDRESS:
NUMBER AND STREET APT #/FLAT # CITY/TOWNSTATE/PROVINCE ZIP/POSTAL CODE

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BUSINESS TELEPHONE NUMBER:
(AREA CODE) (NUMBER)

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2. Please provide the reason for access:

3. Please provide the date(s) of agreement to provide goods/service(s) to this facility:

Note: The video gaming agent may issue temporary badges to natural persons performing temporary services at the video lottery gaming facility. "Temporary services" shall be those which require the person to be at the video lottery gaming facility for no more than thirty (30) days in any twelve (12) month period.

Signature of Facility Manager or Designee

Signature of Applicant

Please fax completed form to New York Lottery VLT Licensing Unit at (518) 388-3507.