

Statewide Self-Exclusion Form  
Oklahoma Association on Problem & Compulsive Gambling  
Notary Public Verification

OAPCG recognizes the need for some individuals to request self-exclusion from multiple casinos. Upon completion, the problem gambler requests that OAPCG send this form to the tribes and/or casinos within the State of Oklahoma. The list of participating tribes/casinos is found at [www.oapcg.org](http://www.oapcg.org) and is updated periodically. Please note, not all tribes participate in the self-exclusion program but may choose to in the future. Therefore, any tribe that opts to participate will be added. Moreover, future participation of tribes/casinos ensures that they will retroactively accept and activate the entire self-exclusion list.

I, \_\_\_\_\_ (Legal Name) agree to the following.

Initials\_\_\_\_\_ 1) I wish to voluntarily exclude myself from all casinos in the State of Oklahoma, a list of which is provided on the OAPCG website.

Initials\_\_\_\_\_ 2) I wish to exclude myself for:  
\_\_\_\_\_ 1 YEAR \_\_\_\_\_ 3 YEARS \_\_\_\_\_ 5 YEARS \_\_\_\_\_ 10 YEARS

Initials\_\_\_\_\_ 3) The signee agrees that the ultimate responsibility for staying off the premises of the casinos belongs to the signee and is not the responsibility of OAPCG, the tribe or casino. The signee understands and agrees that the casinos shall employ its best efforts to exclude persons who have signed this form from entry into its casino facilities: provided, however, that neither persons who are barred but gain access to a casino facility nor any other person, shall have any claim against OAPCG, the state, the tribe, the casino or any other person for failing to enforce such bar.

Initials\_\_\_\_\_ 4) The signee understands that entering casinos after signing this form is trespassing.

Initials\_\_\_\_\_ 5) If the signee returns to the casino and seeks to claim any winnings, the tribe or casino will deny the claim.

Initials\_\_\_\_\_ 6) As the signee, I understand that all itemized information is required; a notarized signature, a recent photograph (separate from the driver’s license), and a copy of the signees current driver’s license must be included with this application or the application will be denied. The application, signature and photo I.D. need to be presented to a notary public for signed verification.

Mail completed form to: Oklahoma Association on Problem & Compulsive Gambling  
501 E. Alameda St. Suite E  
Norman, OK 73071

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Initials \_\_\_\_\_ 7) I understand that treatment for problem gambling and gamblers anonymous groups are available and if I need help or more information, I can call 1-800-522-4700, the Oklahoma Problem Gambling Helpline.

Initials \_\_\_\_\_ 8) This Self-Exclusion request is IRREVOCABLE by OAPCG for the time specified.

Initials \_\_\_\_\_ 9) The list of participating tribes and casinos is found at [www.oapcg.org](http://www.oapcg.org) and is updated periodically. I understand that other tribes (not currently listed) may choose to participate in the future. This self-exclusion form applies to current participating tribes and those that may join in the future.

Full Legal Name: \_\_\_\_\_

Alias Name/Nicknames: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ SSN: \_\_\_\_\_ (Optional)  
(Photo copy of Driver's License is required)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Physical Description:

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Scars & Tattoos: \_\_\_\_\_

Initials \_\_\_\_\_ 1) As the signee, I understand that should I desire to enter a gaming facility or casino, it is my responsibility to contact each gaming facility to learn their process for removing my name from their self-exclusion list.

Initials \_\_\_\_\_ 2) As the signee, I understand the tribe or casino will remove my name from the casino's mailing list.

Initials \_\_\_\_\_ 3) As the signee, I will maintain my own copy of this form.

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CHECKLIST:

Initials \_\_\_\_\_ 1) Signature verified by a notary

Initials \_\_\_\_\_ 2) Copy of Driver's License

Initials \_\_\_\_\_ 3) Recent separate photo

PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

(Same as Notary date.)

APPLICANT'S SIGNATURE: \_\_\_\_\_

(Form must be signed in the presence of Notary Public.)

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NOTARY PUBLIC VERIFICATION

State of: \_\_\_\_\_

County of: \_\_\_\_\_

SUBSCRIBED AND SWORN TO (OR AFFIRMED)  
BEFORE ME THIS \_\_\_ DAY OF \_\_\_\_\_, 20\_\_.

(Notary Date and Applicant Signature date must coincide.)

My Commission Expires: \_\_\_\_\_



Notary Public Signature: \_\_\_\_\_

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FOR OAPCG USE ONLY:

RECEIVED BY: \_\_\_\_\_

DATE RECEIVED & VERIFIED: \_\_\_\_\_

DATE ENTERED INTO DATABASE: \_\_\_\_\_

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(revised & approved by OAPCG Board of Directors 01/18/2019: revised 01/22/2019: 01/25/2019: 01/29/2019)

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1. Absentee Shawnee Gaming Commission – 405-360-9270
2. Cherokee Nation Gaming Commission – 918-431-4116
3. Chickasaw Nation Gaming Commission – 580-310-0570
4. Choctaw Nation Gaming Commission – 580-924-8112
5. Citizen Potawatomi Nation Gaming Commission – 405-878-4838
6. Comanche Nation Gaming Commission – 580-595-3300
7. Delaware Nation Gaming Commission – 405-247-2448
8. Kaw Nation Gaming Commission – 580-362-2796
9. Kiowa Tribe Gaming Commission – 580-654-2300
10. Muscogee Creek Office of Public Gaming – 918-995-8400
11. Otoe-Missouri Nation Gaming Commission – 580-723-2851
12. Ponca Tribe Gaming Commission – 580-762-8104
13. Sac & Fox Nation Gaming Commission – 405-273-1588
14. Seminole Nation Gaming Agency – 405-382-0046
15. Shawnee Tribe Gaming Commission – 918-542-2441
16. Remington Park – 405-424-1000

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