

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

OAPGG recognizes the need for some individuals to request self-exclusion from multiple casinos. Upon completion, the problem gambler requests that OAPGG send this form to the tribes and/or casinos within the State of Oklahoma. The list of participating tribes/casinos is found at www.oapgg.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 OAPGG 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 OAPGG, 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 OAPGG, 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 Gambling & Gaming
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 OAPGG for the time specified.

Initials _____ 9) The list of participating tribes and casinos is found at www.oapgg.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 #: _____ (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.)

NOTARY PUBLIC VERIFICATION

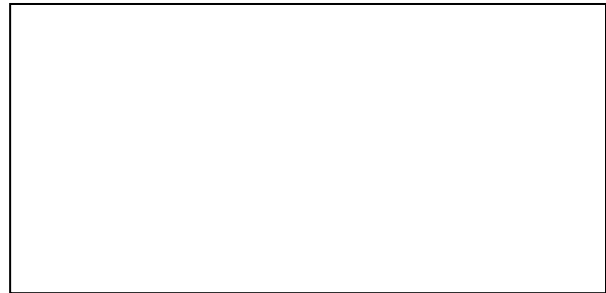
State of: _____

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: _____

FOR OAPGG USE ONLY:

RECEIVED BY: _____

DATE RECEIVED & VERIFIED: _____

DATE ENTERED INTO DATABASE: _____

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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
17. Eastern Shawnee Tribe of Oklahoma Gaming Commission – 918-666-9239

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(revised & approved by OAPCG Board of Directors: 01/18/2019; 01/22/2019; 01/25/2019; 01/29/2019; 07/01/2021)