

**OREGON DEPARTMENT OF JUSTICE
CHARITABLE ACTIVITIES/GAMING
Bingo Game Manager Change Notice**

DOJ USE ONLY
Date Received

Name: _____ Permit #: M- _____

Effective _____, change my manager's file as follows:

Change of Residence Address, Telephone and/or Email:

Prior: _____ New: _____

Address: _____ Address: _____

City/State/Zip

City/State/Zip

Phone: _____ Phone: _____

Email: _____ Email: _____

Sign this sheet at the bottom and mail or fax. You *need not* complete the authorization at the bottom of this sheet.

Change of Affiliation with Organization:

List the organization you are *presently* affiliated with:

Name: _____ Bingo Lic. #: B- _____

Date you are ending your duties: _____

List the organization you will be transferring your affiliation to:

Name: _____ Bingo Lic. #: B- _____

Date you will be starting your new duties: _____

I will be designated as Primary Backup Bingo Game Manager for the licensee.

Signature of Bingo Manager Date

Bingo Licensee's Authorization:

I certify that the above-referenced changes are authorized by bingo licensee:

Name of Bingo Licensee

Date

Signature of Responsible Official of Bingo Licensee

Title

Printed Name of Responsible Official

*Return this form to the Department **before** implementation of the above changes.*

Keep a copy of this report for your records.

Mail or fax the completed form to:

Oregon Department of Justice
100 SW Market Street
Portland, OR 97201-5702

Phone: (971) 673-1880
Fax: (971) 673-1882
TTY: (800)735-2900

This page left blank intentionally