Tribal-State Gaming Compact

Form G-57: Name, address, and ID info of all covered game employees, at least annually, (p. 28)

Tribe / Nation _____
Tribal-State Gaming Identification No. _____

1. Employee Name: First_____ Middle: _____ Last: _____
Identification No.: _____ Status of License *:_____
Employee Address: _____
_____
Tribal facility(ies) where employee currently works: _____
Employee's Title: _____

2. Employee Name: First_____ Middle: _____ Last: _____
Identification No.: _____ Status of License *:_____
Employee Address: _____
_____
Tribal facility(ies) where employee currently works: _____
Employee's Title: _____

3. Employee Name: First_____ Middle: _____ Last: _____
Identification No.: _____ Status of License *:_____
Employee Address: _____
_____
Tribal facility(ies) where employee currently works: _____
Employee's Title: _____

4. Employee Name: First_____ Middle: _____ Last: _____
Identification No.: _____ Status of License *:_____
Employee Address: _____
_____
Tribal facility(ies) where employee currently works: _____
Employee's Title: _____

5. Employee Name: First_____ Middle: _____ Last: _____
Identification No.: _____ Status of License *:_____
Employee Address: _____
_____
Tribal facility(ies) where employee currently works: _____
Employee's Title: _____

(Add additional pages as necessary; continue the numbering in sequence)

* Status of License: "initial license"; "renewed"; "temporary"