Arizona Department of Gaming
Self-Exclusion Procedure

INTENT: It is the intent of the Department of Gaming ("the Department") to establish the following procedure to assist those persons who acknowledge they are a problem gambler and seek assistance in excluding themselves from participating in gaming activity within the State of Arizona.

PURPOSE: To adhere to the requirements set forth in the Tribal-State Gaming Compacts, Section 3 (v) (2), Problem Gambling – Self-exclusion.

PROCEDURE: The Department shall create and maintain a list of persons who voluntarily seek to exclude themselves from either **all** Arizona Tribal Gaming Facilities or Event Wagering & Fantasy Sports (EWFS) Contests within the State of Arizona, or **both**. The Department will establish procedures for the placement on and removal from the list of self-excluded persons in the following manner:

- The Department will provide the required self-exclusion forms to all Tribal Gaming Offices and Event Wagering & Fantasy Sports Contest Operators within the State of Arizona.
- Upon receipt of a completed application, the Tribal Gaming Office will forward it to the Department within 72 hours.
- The person requesting self-exclusion must complete the entire form, **leaving no spaces blank.**
- The form must be signed by the person seeking self-exclusion, be properly notarized, and submitted to the staff at the Arizona Department of Gaming. The person requesting self-exclusion should keep a copy of the fully executed form for his or her personal file prior to submitting it to the Department.
- A **current color photograph** showing only the head and shoulders of the person seeking self-exclusion must be either enclosed with the form, or a clearly-identified digital JPEG picture may be emailed to **publicaffairs@azgaming.gov** instead of enclosing a photograph with the form. We are unable to accept copies of driver's licenses as photos.
- The self-exclusion time period selected shall begin once the Self-Exclusion administrator has completed processing the form, regardless of the date it was signed. The exclusion is in effect immediately upon notice to the Tribes and/or the Event Wagering & Fantasy Sports Operators. **You will not be notified as to the receipt of or expiration of the self-exclusion.**
- Either the original or an electronically scanned copy of the self-exclusion form will be maintained by the Arizona Department of Gaming in a secure file.
- Consistent with the Compacts and state statute, the Department will compile and distribute the list of self-excluded persons to all Tribal Gaming Office Executive Directors, Event Wagering & Fantasy Sports Contest Operators, and/or their designees, and, upon receipt, Arizona Tribes and Operators in the state shall disseminate the list appropriately.
- The Tribal Gaming Office shall prohibit the Gaming Facility Operator from paying any hand-paid jackpot to any person who is on the State's self-exclusion list. Any jackpot won by any person on the self-exclusion list shall be donated by the Gaming Facility Operator to an Arizona based non-profit charitable organization. If any person self-excludes from Event Wagering & Fantasy Sports and bets/wins while on the self-exclusion list, A.R.S. § 5-1320 requires Operators to pay those forfeited winnings to ADG's Division of Problem Gambling.

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The self-exclusion form **must** include, but is not limited to, the following information:

- Full Name (as it appears on your driver's license)
- Include any Aliases
- Date of Birth
- Social Security Number
- 2 inch by 3 inch (minimum size) original **color** photograph of head and shoulders taken in front of a blank wall (no photocopied or faxed pictures). A copy of a driver's license **will not** be accepted as your color photo.
- Driver's License Number and State
- Physical Description (race, hair color, eye color, weight, height, etc.)
- Current Home Address
- Home, Cellular, and/or Business Contact Numbers
- Email Address, if applicable
- Signature and Date (must be signed IN FRONT of the Notary Public)
- **Notary Public Signature and Seal**
- **Do not leave any spaces blank. If they do not pertain to you, please write N/A.**

Failure to fully complete the self-exclusion form will cause delays in the execution of your request. The request for self-exclusion will remain in effect during the full time period selected. The person's name will be removed from the self-excluded list **only** upon expiration of the time period selected. You will not be notified when the self-exclusion has expired. The self-exclusion is **irrevocable**; there is no procedure for revoking the exclusion once a properly notarized self-exclusion form has been received by the Department.

The list of self-excluded persons will not be subject to public inspection. This self-exclusion is confidential between the Department and the receipients of the self-exclusion list & reports.