

	APPLICATION FOR RENEWAL OF REGISTRATION TRAINING FACILITIES WITH GAMING EQUIPMENT AND PARAPHERNALIA	Page No.	Page 1 of 2
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		Revision No.	3
		Effectivity	September 25, 2024

GENERAL INSTRUCTIONS

1. Please type or print legibly. Use black pen/ink only.
2. A complete application includes:
 - ☐ *Duly Accomplished Application Form*
 - ☐ *Certified Board resolution on the facility as a venue for gaming and casino-related skills training programs;*
 - ☐ *Names and Positions of officials who will supervise the operations of the training facility*
 - ☐ *Certified inventory of the gaming equipment and paraphernalia and their serial/reference numbers (classified according to location/training venue)*
 - ☐ *Copy of the training facility floor plan with CCTV layout*
3. All submitted documents must be compiled in a folder with proper indexes and labeling.
4. Application with incomplete requirements shall not be accepted.

COMPLETE NAME OF APPLICANT/COMPANY



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REGISTRATION**
TRAINING FACILITIES WITH GAMING EQUIPMENT AND
PARAPHERNALIA

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GENERAL INFORMATION

NAME OF COMPANY/LICENSED

COMPLETE ADDRESS

TELEPHONE NUMBER

FAX NUMBER

E-MAIL ADDRESS

NAME OF COMPANY HEAD

POSITION/DESIGNATION

LIST OF OTHER VENUES/ADDRESSES AT WHICH TRAINING SHALL BE CONDUCTED

Venue/Address 1

Venue/Address 2

Venue/Address 3

Venue/Address 4

NUMBER OF APPROVED GAMING TABLES

NUMBER OF APPROVED SLOT MACHINE UNITS
(EGM and SM)IS TRAINING PROVIDED BY A 3rd PARTY?
YES NO☐☐IF YES, CHECK THE BUSINESS RELATIONSHIP OF THE
TRAINING PROVIDER WITH THE LICENSED CASINO.

PARENT COMPANY

☐

AFFILIATE COMPANY

☐

SUPPLIER

☐

COMPANY NAME OF THE TRAINING PROVIDER

COMPLETE ADDRESS OF THE TRAINING PROVIDER

TELEPHONE NUMBER

FAX NUMBER

E-MAIL ADDRESS

NAME OF COMPANY HEAD

POSITION DESIGNATION