

AGENT DATA CORRECTION FORM INSTRUCTIONS



Instructions for filling out the Agent Data Correction Form

This form is used for changing information pertaining to your business. Write your agent number in the spaces provided at the top of the form. Check the appropriate box for the type of change you are making. If you check OTHER, write the new information in the appropriate section provided. You are only required to complete the sections that pertain to your change.

Current Information Section:

Write your current business name, address, city, state, and zip code (prior to the data change).

DBA, Contact, or Other Section:

Use this section if you are changing your DBA name, business contact, business phone number or business address. Write the new information in the appropriate areas. Then at the bottom of this section, specify your reason for changes.

Change Legal Information Section:

In order for any changes to be made to your legal name or FID number, you must complete a new W-9 form. Write your new legal information in this section. A W-9 form can be obtained on the Ohio Lottery Web site, under the "Agent/Retailer Info" on the "Become a Retailer" page.

Change Business Principals Section:

Write all of the current and newly added business principals in this section.

PLEASE SIGN THE FORM IN THE SPACE PROVIDED.

Do not write in the gray area on the bottom of this form. It is for Lottery Use Only.

Mail the completed "Agent Data Correction Form" to:

Ohio Lottery Commission
Licensing Dept.
615 W. Superior Ave
Cleveland, OH 44113

RETAILER NUMBER _____

CORRECTION/CHANGE

RETAILER DATA



CHANGES REQUESTED:

DBA CONTACT LEGAL BUSINESS PRINCIPALS OTHER _____

CURRENT INFORMATION

Current Business Name: _____

Address: _____

DBA, CONTACT AND OTHER CHANGES:

New Phone Number: (_____) _____ - _____

New Business Name: _____

New Business Address: _____

New Contact Name: _____

Reason for Change: _____

TO CHANGE LEGAL INFORMATION:

A W-9 form is required for changes made here.
Please attach proper documents.

Legal Name: _____

FID#: _____

Address: _____

Reason for Change: _____

TO CHANGE BUSINESS PRINCIPALS/OWNERS:

List all current principals. If additional space is needed please use the back of this page.

Name: _____	Name: _____	Name: _____
Title: _____	Title: _____	Title: _____
SSN: _____	SSN: _____	SSN: _____
Birthdate: _____	Birthdate: _____	Birthdate: _____
Address: _____	Address: _____	Address: _____
_____	_____	_____
_____	_____	_____
Telephone: _____	Telephone: _____	Telephone: _____
Percentage Share: _____	Percentage Share: _____	Percentage Share: _____

Retailer Signature: _____ Title: _____ Date: _____

FOR LOTTERY USE ONLY

DISTRICT SALES REPRESENTATIVE SIGNATURE MANAGER APPROVAL DATE

TO: LICENSING DEPARTMENT