



V O L U N T A R Y
E X C L U S I O N
P R O G R A M

APPLICATION FOR REMOVAL
FROM VEP PROGRAM



OHIO CASINO
CONTROL COMMISSION



INSTRUCTIONS

- Read the entire form before responding to the questions.
- Present a valid driver's license or government-issued photo identification card.

SECTION 1: PERSONAL INFORMATION

1. Full legal name of individual requesting removal: _____
First MI Last
2. Alias/nicknames/other names used: _____
3. Residential Address: _____
Street/P.O. Box City State Zip Code County
4. Primary Telephone: _____ Other Telephone: _____
5. Email Address: _____
6. Last Four Digits of Social Security Number: _____
Under the Privacy Act the disclosure of your Social Security Number is voluntary.
7. Date of Birth: _____
8. Driver's license or government ID Number: _____
9. Date enrolled in Ohio VEP: _____

SECTION 2: OHIO VOLUNTARY EXCLUSION PROGRAM REMOVAL GUIDELINES

I agree to and understand each of the following guidelines before the Ohio Casino Control Commission and the Ohio Lottery Commission (collectively "Commissions") will accept my request for removal from the Ohio VEP:

For individuals who enrolled in the Ohio VEP after January 1, 2019:

- If I enrolled in a one-year- or five-year exclusion, I am eligible for removal only upon the expiration of my selected term;
- If I enrolled in a lifetime exclusion, I am eligible for removal only if I meet the requirements listed in Ohio Administrative Code 3772-12-05(D) and 3770:2-8-05(C);

For individuals who enrolled in the Casino Control Commission VEP prior to January 1, 2019:

- If I enrolled in a one-year- or five-year exclusion, I am eligible for removal only upon the expiration of my selected term;
- If I enrolled in a lifetime exclusion, I am eligible for removal only if I meet the requirements listed in Ohio Administrative Code 3772-12-05(D) and 3772-12-07;

For all individuals who seek removal from a VEP:

- To complete my request for removal, my identity and eligibility for removal will be verified;
- The removal form authorizes the Commissions to notify all excluded facility operators that I have been removed from the Ohio VEP;
- The Commissions will notify me by letter once the Commissions have approved my removal from the Ohio VEP; and
- Once the Commissions have approved my removal from the Ohio VEP, excluded facility operators may reinstate direct marketing, cash checks, and extend credit to me.

Initials of individual seeking removal: _____

SECTION 3: WAIVER, RELEASE, AND ACKNOWLEDGMENT

1. I release and forever discharge the state, the Commissions, and their employees and agents from any liability to me and my heirs, administrators, executors, and assigns for any harm, monetary or otherwise, that may arise out of or by reason of any act or omission relating to this Application for Removal from the Ohio VEP including the following: (A) administration or enforcement of the Ohio VEP; (B) the failure of an excluded facility operator to restore gambling privileges or provide me direct marketing, check cashing, or credit services; (C) disclosure of information contained in this Application; or (D) the dissemination of confidential information contained in this Application by unauthorized persons.
2. I certify that the information that I have provided is true and accurate. I certify that I am not presently under the influence of any alcoholic beverages or controlled substances. I am aware that my signature below constitutes a request for removal from the Ohio VEP, and I request that the Commissions notify all excluded facility operators that they may permit my presence. I understand that I am still a member of the Ohio VEP until the Commissions have acted upon this Application.

Signature of individual requesting removal **Date** / / **Time** : .M.

Certification of Witness: I certify that I personally witnessed _____ sign this Application on this _____ day of _____, 20____, that the individual requesting removal from a VEP appears not to be under the influence of any alcoholic beverages or controlled substances, and that the signature, physical description, and identity of the individual requesting removal from a VEP match the individual's photograph and proof of identification. Photocopies of which are attached to this Application.

Signature of Commission Employee **Date** / / **Time** : .M.

Printed name of Commission Employee