

**APPLICATION TO BE PLACED ON SELF-EXCLUSION LIST FOR VOLUNTARY EXCLUSION FROM ENTRY TO NEW JERSEY RACETRACKS, OFF-TRACK WAGERING FACILITIES, AND ACCOUNT WAGERING SYSTEMS**

**New Jersey Racing Commission**

This form is to be completed by a patron requesting to be placed on the self-exclusion list for voluntary exclusion from entry to New Jersey Racetracks, Off-track Wagering Facilities, and Account Wagering Systems pursuant to N.J.S.A. 5:5-65.1 and 5:5-65.2 and N.J.A.C. 13:70-32.1, 13:71-30.1, 13:74-12.1 and 13:74A.

**PLEASE PRINT OR TYPE THE ANSWERS TO THE FOLLOWING QUESTIONS IN THE SPACES PROVIDED**

1. NAME: \_\_\_\_\_  
LAST (INCLUDE SR., JR., ETC., IF APPLICABLE) FIRST MIDDLE

2. DO YOU USE ANY OTHER NAME OR NAMES? YES \_\_\_ NO \_\_\_. IF YES, LIST THE ADDITIONAL NAME(S) BELOW (INCLUDE MAIDEN NAME, ALIASES, NICKNAMES OR ANY OTHER NAME):  
\_\_\_\_\_

3. ADDRESS: \_\_\_\_\_  
NUMBER AND STREET APT #

\_\_\_\_\_ CITY STATE ZIP CODE

4. TELEPHONE NUMBER: \_\_\_\_\_  
(AREA CODE) NUMBER

5. SOCIAL SECURITY NUMBER \_\_\_\_\_

\*Disclosure of your Social Security number is voluntary.  
See instruction for further details.

**ATTACH PHOTOGRAPH  
HERE**

6. DATE OF BIRTH: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MONTH DAY YEAR

7. HEIGHT: \_\_\_\_\_  
FT-IN

8. WEIGHT \_\_\_\_\_  
LBS

PLEASE CHECK APPROPRIATE BOX:

9. GENDER:  (M) MALE  
 (F) FEMALE

10. HAIR COLOR:  
 (BK) BLACK  
 (BR) BROWN  
 (BD) BLOND  
 (RD) RED  
 (GY) GRAY  
 (WH) WHITE

11. EYE COLOR:  
 (BK) BLACK  
 (BR) BROWN  
 (HZ) HAZEL  
 (BL) BLUE  
 (GY) GRA  
 (GR) GREEN

12. OTHER DISTINGUISHING PHYSICAL CHARACTERISTICS: \_\_\_\_\_

13. TYPE OF ID OFFERED: \_\_\_\_\_

**ACKNOWLEDGMENT**

I am voluntarily placing myself on the Self-exclusion list pursuant to N.J.S.A. 5:5-65.1 and 65.2 and N.J.A.C. 13:70-32.1, 13:71-30.1, 13:74-12.1 and 13:74A and acknowledge the following:

- I am a problem gambler.
- During my period of self-exclusion, I may not enter a permitted racetrack in New Jersey or an off-track wagering facility for any reason, and if I improperly do, I am subject to immediate ejection from and by said facility.
- During the period of my self-exclusion, I cannot collect winnings, an item of value or recover losses, in any manner or proceeding, resulting from or related to wagering at a racetrack, off-track wagering facility or from account wagering.
- During the period of my voluntary self-exclusion, as a self-excluded person I may not open or maintain an account with the account wagering licensee and if I do so, I cannot collect any winnings or recover losses resulting from or related to account wagering.
- I understand that I will remain on the self-exclusion list for a minimum period of one year.
- I have read and consent to Chapter 74A Self-Exclusion List of the New Jersey Administrative Code.
- I certify that the information I have provided on the application form is true and accurate and it is my responsibility to furnish in writing any change in information disclosed in the application.

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_