



VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
OFFICE OF CHARITABLE AND REGULATORY PROGRAMS

PO Box 526, Richmond, VA 23218

(804) 371-0495

www.vdacs.virginia.gov

BINGO CALLER CERTIFICATE OF REGISTRATION APPLICATION

- A. Use this application when applying for a new or renewing a Bingo Caller Certificate of Registration pursuant to §18.2-340.34:1 of the *Code of Virginia*.
- B. An organization may only pay a Bingo Caller who possess a current Bingo Caller Certificate of Registration issued by Office of Charitable and Regulatory Programs (OCRP) and a Bingo Caller who is actively engaged in calling bingo games at a bingo session. An organization may pay an aggregate total of \$100 per session for Bingo Callers.
- C. A Bingo Caller for an exempt organization (i.e. volunteer fire departments, rescue squads, and auxiliary units thereof that has been recognized in accordance with §15.2-955 of the *Code of Virginia*) is not required to register with OCRP to receive remuneration. The exempt organization and applicant must abide by §18.2-340.34:1 of the *Code of Virginia* and the Charitable Gaming Regulations pertaining to using and remunerating a Bingo Caller. Failure to do so may result in the suspension, revocation, or denial of the organization's charitable gaming permit, or the applicant's Certificate of Registration application to be a registered Bingo Caller for non-exempt organizations.
- D. You must be 18 years old at the time the Bingo Caller Certificate of Registration is issued, or you must be at least 14 years old and submit a signed parental consent or legal guardian consent as part of your application.
- E. **Please type or print all answers to each of the application questions.**
- F. Place "N/A" if the application question is not applicable to you, otherwise please do not leave any questions left unanswered, as it may delay the processing of your application.
- G. Sign and date the application as the failure to do so will delay the processing of your application.
- H. Enclose a **non-refundable** \$75 application fee either by check or money order, which is payable to: **Treasurer of Virginia**.
- I. Mail the completed application and **non-refundable** application fee to: VDACS, Office of Charitable and Regulatory Programs, P.O. Box 526, Richmond, VA 23218.
- J. In lieu of mailing in your completed application and **non-refundable** application fee, you may submit them online to OCRP at <https://oars.va-vdacs.com/Account/logon?Prog=CG>.

APPLICANT INFORMATION

Applicant Type: New _____ Renewal _____

Full Legal Name: _____
First Middle Last / Suffix

Social Security Number: _____ Date of Birth: _____

Gender: Male _____ Female _____ Race: _____

Physical Address: _____
Physical Street Address

City _____ State _____ Zip Code _____

Mailing Address: _____
Mailing Street Address

(If same as above, check here _____) City _____ State _____ Zip Code _____

Contact Information: Daytime Telephone No.: _____

Secondary Telephone No.: _____

Email Address*: _____

* By providing the Office of Charitable and Regulatory (OCRP) with an email address, OCRP will use it to contact you and to establish an online account on your behalf. It is also how you will receive notification about the status of your Bingo Caller Certificate of Registration application. Please make sure to check your email account on a regular basis, including your junk folder and spam folder. If possible, please add to your list of acceptable email addresses all email addresses that end in @vdacs.virginia.gov.

STATUTORY COMPLIANCE

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| 1. Have you been convicted of or pleaded nolo contendere to a felony in any state or federal court or have you been convicted of any offense which, if committed in the Commonwealth of Virginia, would be a felony? | Yes _____ No _____ |
| 2. Have you been convicted of or pleaded nolo contendere to a crime involving gambling? | Yes _____ No _____ |
| 3. Have you ever been convicted of any misdemeanor involving fraud, theft, or financial crimes within the preceding five years? | Yes _____ No _____ |
| 4. Have you had any license, permit, certificate, or other authority related to activities defined as charitable gaming in the Commonwealth of Virginia, suspended or revoked in the Commonwealth of Virginia or in any other jurisdiction? | Yes _____ No _____ |
| 5. Have you failed to file or been delinquent in excess of one year in the filing of any tax returns or the payment of any taxes due the Commonwealth of Virginia? | Yes _____ No _____ |
| 6. Have you completed the review of the bingo caller training material, which is found online at www.vdacs.virginia.gov/pdf/BingoCaller.pdf If not, please complete the review of the training material before submitting your application. | Yes _____ No _____ |
| 7. Are you at least 18 years old in age? If not, you must be 18 years old at the time the Bingo Caller Certificate of Registration is issued, or you must be at least 14 years old and submit a signed parental or legal guardian consent. As such, please attach the consent document for the applicant and failure to do so will delay the processing of your application . | Yes _____ No _____ |
| 8. If you reside outside of the Commonwealth of Virginia, please attach a statewide criminal history background check from the appropriate state authority from your resident state to this application. Failure to do so will delay the processing of your application. | Attachment Included
(Yes, No, or N/A) _____ |

DISCLAIMER & SIGNATURE

I hereby certify that all information provided in this application is true to the best of my knowledge, information, and belief. I have not knowingly made a false statement on this application, and I have read and understand the terms and conditions as set out under the §18.2-340.16 et. seq. of the *Code of Virginia* and the Charitable Gaming Regulations. I understand that false or misleading answers are cause for the suspension, revocation, or denial of this Bingo Caller Certificate of Registration application. I, the undersigned, do hereby authorize and give my consent to the Office of Charitable and Regulatory Programs (OCRP) to conduct an investigation, including but not limited to Virginia criminal history background check with the Department of State Police and a tax status check with the Department of Taxation to ensure that my application meets the requirements of §18.2-340.34:1 of the *Code of Virginia*. I understand additional information may be requested of me in regard to this investigation.

I understand and agree to notify OCRP immediately if any information contained within the application changes after the submission of this application.

I also understand I must abide by §18.2-340.16 et. seq. of the *Code of Virginia* and Charitable Gaming Regulations as I perform my duties as a registered Bingo Caller.

Full Legal Name: _____
(Print) First Middle Last/Suffix

Signature: _____ Date: _____