



**Missouri List of Disassociated Persons
Interpreter Information and Affirmation**
(also known as the Voluntary Self-Exclusion Program)

For MGC Office Use Only: VCode: _____ Location: _____
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INSTRUCTIONS - READ CAREFULLY

- To be filled out by interpreter.
- Print legibly in blue or black ink.
- Include a (clear/legible) copy of the interpreter's valid driver's license or other government-issued photo identification card.

SECTION 1: APPLICANT INFORMATION

Applicant's Name: _____
First name Middle Last name

Reason for Interpreter: Language Barrier Dyslexic Illiterate Visual Impairment Hearing Impaired

Language(s) interpreted for applicant: _____

SECTION 2: INTERPRETER INFORMATION

Full Legal Name of Interpreter: _____
First name Middle Last name

Gender: Male Female

Address: _____
Street address (including Apt Number) City State Zip/Postal Code

Date of birth: (MM / DD / YYYY) _____

Social Security Number: _____

- or -

Cell phone: _____

International ID # : _____

Home phone: _____

In accordance with Section 5 of the Privacy Act, 7 U.S.C. 522a, disclosure of your Social Security Number ("SSN") to the MGC is voluntary. Failure to provide your SSN is not grounds for denial of the applicant's request; however, omission of your SSN may increase processing time. If provided, your SSN may be disclosed to appropriate personnel of MGC to enforce rules of 11 CSR 45.

Work phone: _____ ext. _____

SECTION 3: AFFIRMATION

Through my signature below, I affirm, attest and acknowledge I have served as an interpreter for the individual listed in Section 1 of this document to assist him/her in completing a request for:
(check the appropriate request listed below):

Placement on the List of Disassociated Persons.

I affirm and attest I have completely and accurately communicated all information contained on the forms included in this application for statewide self-exclusion, all instructions from the Missouri gaming agent verifying this application, as well as all questions and responses of the applicant and the Commission/MSHP agent. The applicant has informed me he/she understands the documents I have assisted in explaining and has signed them in a sober and informed condition and knows and understands all of the responsibilities and consequences associated with being placed on the List of Disassociated Persons and asks the Missouri Gaming Commission to place him/her on such List.

Removal From the List of Disassociated Persons.

I affirm and attest I have completely and accurately communicated all instructions and content from the Request for Removal materials. The applicant has informed me he/she understands the documents I have assisted in explaining and has signed them in a sober and informed condition and knows and understands all of the responsibilities and consequences associated with being removed from the List of Disassociated Persons and asks the Missouri Gaming Commission to remove his or her name from such List.

Signature of Interpreter: _____

_____, 20____
Date Year

