

PETITION FOR REMOVAL FROM VOLUNTARY SELF-EXCLUSION LIST

Please read these Instructions and the Petition for Removal from the Voluntary Self-Exclusion List including the Acknowledgment.

INSTRUCTIONS FOR COMPLETING THIS FORM:

- A. You can submit a petition for removal only after the expiration of the self-exclusion period that you chose on your Nebraska Voluntary Self-Exclusion Enrollment Form.
- B. You may personally submit the completed Petition for Removal Form at the office of NRG Office Monday through Friday, between the hours of 8:30 a.m. to 4:00 p.m. located at 3401 Village Drive, Suite 100, Lincoln, NE 68516
- C. At the time you submit your Petition for Removal Form, you must present identification that contains:
 - 1. Your signature
 - 2. Photograph or physical description such as listed below
 - a. state id
 - b. driver's license
 - c. passport
 - d. military identification card.

** Without proper identification, you may not submit your Removal Form.

** You must also submit proof of participating in an exit session pursuant to the Rules for the Nebraska Racetrack Gaming Act Title 296 Chapter 14.001.20. For a list of approved designated agents able to conduct exit sessions, please see.

- D. The Nebraska Racing and Gaming Condition has five business days from the receipt of your Petition for Removal Form to remove your name from the Self-Exclusion List and notify the casinos and racetracks of such removal.

Consequently, you may be denied gaming privileges from the time you submit your Petition for Removal Form until the casinos and racetracks update their records.

Petition for Removal from Voluntary Self-Exclusion List

Note: This form is to be completed by a person requesting removal from the Nebraska Racing and Gaming Commission Self-Exclusion List, pursuant to Chapter 14, Title 296. All information contained on this form is confidential.

PLEASE PRINT OR TYPE THE ANSWERS TO THE FOLLOWING QUESTIONS IN THE SPACE PROVIDED:

Last Name (Jr./Sr. if applicable)	First Name	Middle Name
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Date of Birth (MM/DD/YYYY)	Height	Weight	Social Security Number
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Home Telephone # or Work # with Extension	Cell #
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(Optional) E-Mail Address

Home Address (Number and Street with Apartment #, if any)

City	State	Zip Code
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Mailing Address If Different from above (Include PO Box If applicable)

City	State	Zip Code
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Have you been known by any other name(s)? Yes No

If YES, list the additional name(s) below and specify dates of use for each. (Include maiden name, aliases, nicknames, or any other names).

ACKNOWLEDGMENT

I certify that the information that I have provided above is true and accurate. I am aware that my signature below constitutes a revocation of my previous request for self-exclusion, and I authorize the NRGCC to reinstate my gaming privileges at licensed casinos and racetracks in Nebraska.

Applicant's Signature

Date

ACKNOWLEDGMENT

I certify that the above individual has participated in an exit session with

_____.

The exit session included a review of the risks and responsibilities of gambling, budget setting, and a review of problem gambling resources.

Designated Agent's Signature: _____

Date: _____

DO NOT WRITE BELOW – FOR NRGC PERSONNEL USE ONLY

Minimum Self-Exclusion Period Chosen: One Three Five Years

Date of Self-Exclusion: _____

Type of I.D. Offered: _____

I certify that the signature of the person requesting removal from the Self-Exclusion List appears to agree with that contained on the above identification credentials, and any physical description or photograph of the person appears to agree with his or her actual appearance.

NRGC Agent: _____ Date: _____