Arizona Form	
830	

Affidavit

Bingo

This affidavit must be completed by each person who wishes to assist in the conduct of any game of bingo. If any information is blank or incorrect, the affidavit will be returned to you. All information is subject to verification. Disclosure of your Social Security Number (SSN) is voluntary. This information may be used to establish positive identification for purposes of criminal background checks pursuant to A.R.S. § 5-404.

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Manager Supervisor Proceed Coordinator Assistant Affiant's Name Social Security Number Date of Birth MADD Y Y Y Y Address City State ZiP Code Home Phone No. (with area code) Work Phone No. (with area code) Work Phone No. (with area code) If licensee is a qualified organization, complete the following section: Member? Date Joined Organization Wess No Officer Title Do you have an affidavit on file for any other licensee? Yes No If "Yes", list license number(s): I,	Licensee's Na	ame			License Number	
Manager Supervisor Proceed Coordinator Assistant Affiant's Name Social Security Number Date of Birth MADD Y Y Y Y Address City State ZiP Code Home Phone No. (with area code) Work Phone No. (with area code) Work Phone No. (with area code) If licensee is a qualified organization, complete the following section: Member? Date Joined Organization Wess No Officer Title Do you have an affidavit on file for any other licensee? Yes No If "Yes", list license number(s): I,	Position (che	ck the appropriate boxes):				
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Yes	If licensee i	s a qualified organization	, complete the following	ing section:		
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Do you have an affidavit on file for any other licensee? Yes No If "Yes", list license number(s): I,	☐ Yes ☐	∃ No				
I,			licensee?			
I,	-					
and say that I will conduct or assist in conducting all bingo games in compliance with the terms of the license, Arizona Revised Statutes, Title 5, Chapter 4, and the rules of the licensing authority. I am of good moral character and have never been convicted of any misdemeanor involving moral turpitude or felony. I have not and shall not receive any reward, compensation or recompense for my participation in the conduct of bingo games except as provided for by law. I hereby swear or confirm that I have read and understand the foregoing and verify that the information and statements made herein are true and correct to the best of my knowledge. Signature of Affiant						
	Statutes, any misder for my parand under	hat I will conduct or assist in the fittle 5, Chapter 4, and the runder amount involving moral turn the conduct of the foregoing and verstand the foregoing and version in the conduct of the foregoing and the foregoing and version in the conduct of the foregoing and version in the conduct of the foregoing and the foregoing and the conduct of the foregoing and the foregoing a	n conducting all bingo des of the licensing authoritude or felony. I have of bingo games except	games in compliant ority. I am of good we not and shall not as provided for by	d moral character and have never been convicted of treceive any reward, compensation or recompense law. I hereby swear or confirm that I have read	
Date			Si	ignature of Affiant		
			D	ate		

Please mail to:
Arizona Department of Revenue
1600 W Monroe Street, Division Code 22
Phoenix, AZ 85007

2 (602) 716-7801