



VIRGINIA LOTTERY

VENDOR SERVICE PERMIT APPLICATION

## Vendor Applicants

### Pay Careful Attention to the Following:

Vendor applicants must complete specific steps **before** applying for a service permit.

Applications received with any of the four (4) following defects will cause significant delays in the processing of the vendor's request for approval and may result in the denial of a vendor. The denial of an application will prohibit the vendor from conducting any business with any Virginia licensed casino for a period of five years after the date of the final action on the denial.

- 1) All vendors must obtain a '**Casino's Certification of Business Relationship**' from a casino. Certification form pages can only be issued by a Virginia casino authorized to issue certifications. A vendor applicant is prohibited from completing the 'Casino Certification of Business Relationship'. **A vendor must work through the casino to obtain this form and to obtain access to the online portal.**
- 2) All vendors must register with the **Virginia State Corporation Commission (VA SCC)** and submit verification of their compliance with VA SCC to the Lottery. VA SCC will determine whether the vendor is required to either:
  - A. file for and maintain "Good Standing" (the vendor is required to furnish the Lottery with a copy of the 'Certificate of Good Standing' with the Vendor application); or
  - B. file for a "Fictitious Name Certificate".After completing the VA SCC registration process, the Vendor Applicant must submit a copy of the registration to the Casino representative for uploading into the online system.
- 3) All vendors must submit the required **\$500 Application Fee**. The application fee must be submitted at, or before the time of the submission of the application. Vendors are required to submit an email to the Virginia Lottery at [vendorsubmissions@valottery.com](mailto:vendorsubmissions@valottery.com) with notification of the Vendor application fee submittal, stating: (i) the name of the vendor company (including the d/b/a, if applicable), (ii) the name of the casino with whom they have entered into a business relationship, and, (ii) the wire or ACH conformation. **The Lottery will not begin its investigation until all fees are verified as received in the Virginia Lottery's bank account.**
- 4) All vendors must submit **accurate and complete applications**. Vendor applicants should carefully read all of the instructions and thoroughly review the entire sample document **before** requesting access to the Lottery's online application portal. Failure to submit required information may result in denial of an application. Refusal to rectify deficiencies following notification, or submission of false or misleading information, will result in the denial of an application.

## SECTION A - REGULATIONS

- A.1** A “Vendor” means a person who provides goods or services to a casino gaming facility applicant or licensee and who is not required to be licensed as a manufacturer or contractor under the gaming law, gaming regulations or department policy and directive. This definition includes:
- a) Except for Virginia Alcoholic Beverage Control, all other providers of alcoholic beverages; providers of food and non-alcoholic beverages; refuse handlers; vending machine providers and service personnel; janitorial and maintenance companies; tenant businesses or franchises located within casinos if such goods and services are not gaming related; providers of transportation services if such services are not gaming related; **persons involved in the construction of a casino**; lessors of real property or goods; payroll services and other employer related services; employee recruiting services; and
  - b) Persons whose services the Board determines must be registered or certified.
- A.2** A Vendor is required to be licensed with the Lottery prior to conducting any business with a licensed casino or casino license applicant.

## SECTION B - APPLICATION CLASSIFICATION

- B.1** A Vendor must determine whether they are a vendor minor or a vendor major based on the combined total value of non-gaming related goods and services provided to, or anticipated to be provided to, a licensed casino or casino license applicant within a calendar year.
- B.2** A Vendor that provides, or anticipates providing non-gaming related goods and services within a calendar year with a combined total value:
- a) of less than \$19,999 is exempt from submitting an application to the Lottery;
  - b) from \$20,000 to \$299,999 to one or more casinos or casino license applicants is considered to be a vendor minor; at or above \$300,000 to one or more casinos or casino license applicants is considered to be a vendor major
  - c) Vendor Minors are required to immediately report to the Lottery if the anticipated or actual payments will exceed \$299,999 during the period of their license so that the Lottery can conduct further due diligence. The Vendor is prohibited from conducting business which will exceed the threshold, until the Lottery completes its additional due diligence. Failure to report an increase in anticipated or actual services that would cause a Vendor Minor to move to a Vendor Major may result in the revocation of the Vendor Service Permit.

**B.3** The Lottery monitors the licensed Virginia casino's payments to each vendor. If it is determined that a Vendor's combined total value of non-gaming related goods and services is approaching the dollar amount that would cause a Vendor Minor to become a Vendor Major, the casino may delay or cease payments to prevent a violation of regulations. If it is determined that a Vendor's combined total value of non-gaming related goods and services has exceeded the prescribed threshold, the casino is required to cease payments.



**SECTION C - TERM OF REGISTRATION, TERM OF CERTIFICATION, RENEWALS**

**C.1 Term:** A Vendor service permit is valid for five years from the date of approval.

**C.2 Renewal Process:** The Lottery may renew vendor permit if the Vendor:

- a) Submits an application for renewal to the Lottery at least 60 days before the vendor's permit expires, but not more than 90 days before the vendor's permit expires;
- b) Continues to comply with all vendor service permit requirements; and
- c) Pays the fee of \$500 plus any associated fingerprint fees listed below:

**SECTION D - REMITTANCE OF FEES**

**D.1** Required fee shall be submitted at the time of application as follows:

Application Fee - \$500

**D.2** All fees shall be remitted as follows:

**Wire Payment To:**

Virginia Lottery Account Number: 435029087446

Name of the Account: Gaming License Fees

Transit Routing Number: 026009593

**ACH Instructions:**

Virginia Lottery Account Number: 435029087446

Name of the Account: Gaming License Fees

Transit Routing Number: 051000017

**Investigations will not begin until the required fees are remitted.**

## SECTION E - IMPORTANT NOTICES

- E.1** This form is an official document of the Lottery, and may not be altered or changed. Any alteration or change to this document is prohibited and may cause the application or the Vendor's service permit to be delayed or denied.
- E.2** An Applicant ***must*** make accurate statements and include all material facts. Failure or refusal to provide any required information; intentional omissions of material facts; misrepresentation of details; or failure or refusal to meet any other requirement as set out in law or regulation may result in the denial of the application. False or misleading statements to the Lottery may subject a Vendor applicant to civil and/or criminal penalties. All submissions are subject to verification.
- E.3** A Vendor applicant is under a continuing obligation to promptly disclose any changes in the information provided to the Lottery (including any individual listed herein as an Officer, Partner, Director, Employee or Owner; physical/email addresses; or phone numbers) whether in the application or on any material(s) submitted. The Applicant shall provide **written notification** of any change(s). The duty to inform the Lottery is in effect from the date the application is submitted and continues through the entire period the vendor service permit is granted.
- E.4** If a Vendor changes the name of the company with which it conducts business with a licensed Virginia casino or casino license applicant, the Vendor **must** submit a new Vendor Service Permit application. The Vendor will list all the changes in name, address, contact information etcetera, as well as all company officers that are applicable to the name change. It is not necessary to submit a fee with the application, so long as the term of the initial application has not expired, or is not within 90 days of expiring. Once the Lottery reviews the new application, the Vendor will be notified if further action or additional information is required. The Lottery will update the company name on the website at the conclusion of the review.
- E.5** Applicants are required to disclose to the Lottery those employees in positions of supervision or management who are responsible for directly/significantly overseeing, administering or controlling the provision of goods and/or services to a licensed Virginia casino. During the construction phase, individuals holding positions with job descriptions such as site superintendents, foremen, project managers, field supervisors, project supervisors and account representatives are required to be divulged. During the gaming and hospitality phase, individuals holding positions with job descriptions such as project managers, regional account managers, sales supervisors and account representatives are required to be divulged. Each individual is required to submit a Vendor Employee disclosure (refer to **G.9**) and submit a notarized Authorization of Release Form.

**E.6** Vendor applicants are required to attach proof of registration with the Virginia State Corporation Commission (VA SCC) to do business within the Commonwealth.

Guidance with this process can be accessed via the Virginia SCC website at <https://www.scc.virginia.gov/pages/New-Business-Resources>. The Lottery will periodically monitor each Vendor's compliance with VA SCC.

**E.7** A Vendor must present sufficient justification to establish that it is suitable for a vendor service permit. The burden of proof remains with the Vendor, and the Vendor must continuously maintain suitability. Failure or refusal to maintain the criteria for approval, to include VA SCC "Good Standing" status, may lead to the Lottery suspending or cancelling the Vendor's service permit.

**E.8** The 'Representative of the Applicant Form' must be completed and notarized. The Vendor may act as the representative of the applicant or may appoint a representative to complete and submit the application. It is the responsibility of the Representative of the Applicant to ensure that the responses to every interrogative is accurate and to ensure that the application is correctly submitted.

**E.10** Once a vendor is approved, the vendor is authorized to conduct business with all Virginia casinos. The vendor is not required to submit a new application for each casino.

**E.11** The Lottery may request additional financial and other information as needed.

## SECTION F - INSTRUCTIONS

These instructions are applicable to any Applicant seeking a Virginia Vendor Service Permit.

- F.1** Read each question carefully. **Do not leave a section blank.** If a question does not apply, select “N/A.” If the correct answer to a particular question is “None,” indicate “None.”
- F.2** Do not omit or otherwise bypass answers to any response throughout the application. Vendor applicants who submit incomplete applications may be denied. Refer to **E.2** and **E.3**.
- F.3** The Applicant or the authorized Representative of the Applicant must ensure that every **individual** listed on **G.7**, **G.8** and **G.9** has completed and submitted a Notarized ‘**Authorization of Release of Information**’ Form.
- F.4** The Applicant or the authorized Representative of the Applicant must complete, sign and submit a Notarized ‘Authorization for Release of Information’ Form on behalf of the **Vendor Applicant’s business entity**, listing the ‘Business Name’ on the ‘From’ line
- F.5** The Applicant or the authorized Representative of the Applicant must complete, sign and submit an ‘Acknowledgment and Check List’.

## SECTION G - APPLICANT INFORMATION

### G.1 BUSINESS NAME OF APPLICANT \*

\* As written in the Articles of Incorporation, By-Laws, Charter Partnership Agreement or other official documents filed with a State or Federal Government:

Doing Business As (d/b/a) or Trading As (t/a) Name:

### G.2 APPLICANT'S PRINCIPAL ADDRESSES

Describe the Applicant's use of this address: (check all that apply to this address)

Mailing  Residential  Corporate  Production  Development/Testing  Warehouse  Other \_\_\_\_\_

Address Line 1

Address Line 2

City

State

Zip

Mailing Address Line 1, if different from above, otherwise enter "Same"

Mailing Address Line 2, if different from above, otherwise enter "Same"

City

State

Zip

Vendor's website

Describe the Applicant's use of this address: (check all that apply to this address)  **No Secondary Address**

Mailing  Residential  Corporate  Production  Development/Testing  Warehouse  Other \_\_\_\_\_

Address Line 1

Address Line 2

City

State

Zip

Mailing Address Line 1, if different from above, otherwise enter "Same"

Mailing Address Line 2, if different from above, otherwise enter "Same"

City

State

Zip

Vendor's website



**G.3**

**APPLICANT'S POINT-OF-CONTACT**

\*Point-of-Contact: (Name) \_\_\_\_\_ (Company title) \_\_\_\_\_

\*This individual must either have the authority to make decisions on behalf of the Vendor applicant and/or be on-site at the casino.

E-mail address: \_\_\_\_\_

All notifications will be made to this e-mail address.

Office telephone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

**G.4**

**COMPLIANCE WITH VIRGINIA SCC REGISTRATION**

**Virginia SCC (VA SCC). Compliance is required**

VA SCC Entity ID Number (1 letter plus 8 numbers): \_\_\_\_\_

<input type="checkbox"/> <b>Check if Obtained</b>	Certificate of 'Good Standing'	'Trade Name Registration'
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**G.5**

**CASINO ASSOCIATION**

Casino with which the Vendor has contracted:

\_\_\_\_\_

**G.6**

**COMBINED TOTAL VALUE OF GOODS AND SERVICES**

Every vendor applicant shall provide the Lottery with the combined total value of goods and services the vendor expects to provide, or has been contracted to provide, during a calendar year.

The actual contracted value of goods and services will be \$ \_\_\_\_\_ \* Refer to **B.2**

\* List an exact contracted \$ amount, **NOT a range**

**G.7****VENDOR OFFICER(S), PARTNER(S), AND DIRECTOR(S)**

Accurately complete all information for each individual. Refer to **F.1, F.2, E.2 and E.3**

Provide information for each **Officer, Partner and Director** who will be directly/significantly involved in providing goods and services to a licensed Virginia casino.

Last Name		First Name		Middle Name		Suffix (Jr., Sr., etc.)	
Occupation				Title			
Home Address Line 1				Home Address Line 2			
City				State/Province		Zip Code	
Social Security Number		Date of Birth		E-mail address		Phone number	

Last Name		First Name		Middle Name		Suffix (Jr., Sr., etc.)	
Occupation				Title			
Home Address Line 1				Home Address Line 2			
City				State/Province		Zip Code	
Social Security Number		Date of Birth		E-mail address		Phone number	

Applicants listed on this page **must submit** a completed, signed and notarized [Authorization For Release of Information](#).

**G.8****VENDOR OWNERS**

**Accurately complete all information** for each individual. **Refer to F.1, F.2, E.2 and E.3**

Provide information for each person or entity who owns more than five percent (5%) of the Vendor or its business, to include Vendors operating as a General Partnership

Last Name		First Name		Middle Name		Suffix (Jr., Sr., etc.)	
Occupation				Title			
Home Address Line 1				Home Address Line 2			
City				State/Province		Zip Code	
Social Security Number		Date of Birth		E-mail address		Phone number	

Last Name		First Name		Middle Name		Suffix (Jr., Sr., etc.)	
Occupation				Title			
Home Address Line 1				Home Address Line 2			
City				State/Province		Zip Code	
Social Security Number		Date of Birth		E-mail address		Phone number	

Applicants listed on this page **must submit** a completed, signed and notarized [Authorization For Release of Information](#)

**G.9****VENDOR EMPLOYEE(S)**

**Accurately complete all information** for each individual. **Refer to F.1, F.2, E.2 and E.3**

Provide information for individuals holding positions of supervision or management who are responsible for directly/significantly overseeing the provision of goods and/or services to a licensed Virginia casino. The Applicant shall divulge those individuals who are assigned to manage, administer or control the Vendor's activities within the casino, such as project managers, site superintendents, account representatives, field supervisors, distribution managers, sales supervisors, etc.

Last Name		First Name		Middle Name		Suffix (Jr., Sr., etc.)	
Occupation				Title			
Home Address Line 1				Home Address Line 2			
City				State/Province		Zip Code	
Social Security Number		Date of Birth		E-mail address		Phone number	

Last Name		First Name		Middle Name		Suffix (Jr., Sr., etc.)	
Occupation				Title			
Home Address Line 1				Home Address Line 2			
City				State/Province		Zip Code	
Social Security Number		Date of Birth		E-mail address		Phone number	

Applicants listed on this page **must submit** a completed, signed and notarized Authorization For Release of Information.

**G.10****APPLICANT'S BUSINESS BACKGROUND**

**(a) DESCRIPTION OF THE VENDOR'S PRESENT BUSINESS.** Furnish the Lottery with a 'snapshot' of the Vendor Applicant's company and describe the Vendor's capacity and capabilities to provide the services declared in the application.

**(b) DESCRIPTION OF THE SPECIFIC TYPE OF GOODS OR SERVICES TO BE PROVIDED TO THE CASINO BY THE VENDOR.**

**(c) NAME OF CASINO(S) TO WHICH SUCH GOODS OR SERVICES WILL BE PROVIDED.**

**(d) LIST OTHER LICENSED CASINOS SERVED BY THE VENDOR.** Provide the Lottery with a list of other jurisdictions where the Vendor conducts business related to a casino operation. ( List the other jurisdictions by Casino Name, City, and State. List Country, if outside of the U.S.)

**(e) TALLY OF THE WORK FORCE SUPPORTING THE VENDOR'S PROVISION OF GOODS AND SERVICES TO THE CASINO.** Furnish the Lottery with the total number of employees IN Virginia who will be directly associated with providing the goods or services to the casino. Furnish the Lottery with the total number of employees OUTSIDE Virginia who will be directly associated with providing the goods or services to the casino.

In Virginia =

Outside of Virginia =

**(f) DESCRIPTION OF THE VENDOR'S ABILITY TO PROVIDE GOODS OR SERVICES TO MORE THAN ONE CASINO.** If applicable, state if the Vendor is capable of serving one, two, or more Casinos in Virginia and the other casinos with which the Vendor intends to conduct business.



## AUTHORIZATION FOR RELEASE OF INFORMATION

TO: \_\_\_\_\_  
( Leave blank - to be filled in by the Lottery )

FROM: \_\_\_\_\_  
( Applicant affiliate's printed name )

I, the above listed individual, am affiliated with an Applicant who is applying to the Virginia Lottery "Lottery" for a Vendor Service Permit. I am affiliated with the Applicant as an:

Owner  Partner  Director  Officer  Manager/Supervisor/Employee  Other \_\_\_\_\_

The Lottery, and its employees, agents, and vendors, is required by law to conduct an investigation of an Applicant and the Applicant's officers; partners; directors; proprietors; owners; certain employees; and certain other individuals affiliated with the Applicant as deemed necessary.

That investigation requires the Lottery to collect and evaluate information about me. By executing this Authorization for Release of Information, I authorize any: Local, State or Federal government unit; commercial or business enterprise, including a consumer reporting agency, a non-profit entity, an individual or any other public or private entity, to release to the Lottery any and all information about me that the Lottery requests. The requested information may be released in written, verbal, electronic, or any other form.

With respect to any claims or liability arising from the release of the requested information to the Lottery, I expressly waive, release, discharge and forever hold harmless and agree to indemnify, the unit, entity, or individual that releases information to the Lottery, under the authority of this Authorization.

A photo, facsimile, or electronic copy of this signed and dated Authorization shall be equally effective as an original.

\_\_\_\_\_  
Signature of Individual Completing Form Date

\_\_\_\_\_  
Printed Name Title

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### NOTARY PUBLIC

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The undersigned, a Notary Public in and for the County of \_\_\_\_\_, in the State of \_\_\_\_\_, certifies that the above named individual appeared in person, and before me, either known to me or satisfactorily proven to be the individual whose name subscribed to the within instrument and signed the Authorization and Notification.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and to which witness my hand and seal.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Printed Name

**Stamp or Seal**

My commission expires \_\_\_\_\_, 20\_\_\_\_



**AFFIDAVIT OF REPRESENTATIVE OF APPLICANT**

I, \_\_\_\_\_ (printed name), am authorized to complete and execute this Vendor Service Permit Application on behalf of the Vendor Applicant (“Applicant”) \_\_\_\_\_ (printed name of the Applicant’s business entity). I am also authorized to provide all of the information requested on this Form to the Virginia Lottery, its employees, agents, and vendors (collectively, the “Lottery”), and to make the representations set forth in this Affidavit.

I have read, and understand, every page of this Application. To the best of my knowledge, information, and belief, the information that I have provided on, or attached to, this Application is accurate, complete, and not misleading. I understand that any misrepresentation or omission may lead to the delay or denial of an application for a Vendor Service Permit, or may result in the Lottery imposing sanctions against that any misrepresentation or omission on this Application may also subject me, or the Applicant that I represent, to civil or criminal liability. I understand and acknowledge that the Applicant has an ongoing duty to promptly notify the Lottery if any information it provides the Lottery changes.

By a separate Authorization for Release of Information, I am authorizing any entity or individual that has information about the Applicant that I represent, to release that information to the Lottery for purposes of its investigation of an Applicant for a Vendor Service Permit.

On behalf of the Applicant and its successors and assigns, I expressly waive, release, discharge, and forever hold harmless and agree to indemnify, the Lottery, the Commonwealth of Virginia, and their employees, agents, and representatives, from liability for any and all claims or legal action arising from any actions that the Lottery or the Commonwealth of Virginia may take related to the collection of information from the Applicant and the use of that information in connection with investigating a Vendor Service Permit.

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED REPRESENTATIVE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME OF AUTHORIZED REPRESENTATIVE

\_\_\_\_\_  
TITLE

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**NOTARY PUBLIC**

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The undersigned, a Notary Public in and for the County of \_\_\_\_\_, in the State of \_\_\_\_\_, certifies that the above named individual appeared in person, and before me, either known to me or satisfactorily proven to be the individual whose name subscribed to the within instrument and signed the Authorization and Notification.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and to which witness my hand and seal.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Printed Name

**Stamp or Seal**

My commission expires on \_\_\_\_\_, 20\_\_\_\_\_



# CASINO'S CERTIFICATION OF BUSINESS RELATIONSHIP

**This page is to be completed only by a Casino Representative**

Casino: \_\_\_\_\_

Vendor Applicant's Business Name: \_\_\_\_\_  
(Include 'D/B/A' or 'T/A' Name, if applicable)

The Vendor Applicant ("Applicant") listed above has entered into a **Business Relationship (agreement/contract)** with the Virginia licensed casino or a Virginia casino license applicant listed above. The Applicant will provide non-gaming goods and/or services with an anticipated value of \$ \_\_\_\_\_ in a calendar year. The Applicant is required by the Lottery to submit a Vendor Service Permit Application.

The Applicant listed above has entered into a written agreement or contract to provide the following non-gaming goods and/or services:

\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, representing \_\_\_\_\_,  
Printed name of Casino Representative Casino - or - Name of company

*am authorized to complete and execute / sign Business Relationship Agreements on behalf of the Virginia licensed casino or casino applicant listed as **Casino** at the top of this form.*

Signature of Casino Representative Title within the company Date

**A vendor applicant is prohibited from signing this form.**

## NOTARY PUBLIC

The undersigned, a Notary Public in and for the County of \_\_\_\_\_, in the State of \_\_\_\_\_, certifies that the above named individual appeared in person, and before me, either known to me or satisfactorily proven to be the individual whose name subscribed to the within instrument and signed the Authorization and Notification.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and to which witness my hand and seal.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Printed Name

**Stamp or Seal**

My commission expires \_\_\_\_\_, 20\_\_\_\_





**AUTHORIZATION FOR RELEASE OF INFORMATION**

**(BUSINESS)**

**TO:** \_\_\_\_\_  
(Leave blank - to be filled in by the Lottery)

**FROM: (Business Name of Applicant)** \_\_\_\_\_

The above listed entity ("Applicant") is applying for a Vendor Service Permit in the Commonwealth of Virginia. I am an authorized representative of the above listed Applicant.

I understand that the Virginia Lottery is required to conduct an investigation of an applicant for a Vendor Service Permit. That investigation requires the Lottery to collect and evaluate information about the entity that I represent. On behalf of the entity, I irrevocably give consent to the Lottery, and persons authorized by the Lottery, to: (1) verify all information provided in the vendor application documents; (2) conduct a background investigation of the entity; and to have access to any and all information that the entity has provided to any other jurisdiction seeking a similar certification or vendor approval in that jurisdiction, as well as the information obtained by that other jurisdiction during the course of any investigation that it may have conducted about the entity.

That investigation requires the Lottery to collect and evaluate information about me. By executing this Authorization for Release of Information, I authorize any: Local, State or Federal government unit; commercial or business enterprise, including a consumer reporting agency, a non-profit entity, an individual or any other public or private entity, to release to the Lottery any and all information about me that the Lottery requests. The requested information may be released in written, verbal, electronic, or any other form.

With respect to any claims or liability arising from the release of the requested information to the Lottery, on behalf of the entity, I expressly waive, release, discharge and forever hold harmless and agree to indemnify, the unit, entity, or individual that releases information to the Lottery under the authority of this Authorization. Photo, facsimile, or electronic copy of this signed and dated Authorization shall be equally effective as an original.

\_\_\_\_\_  
Signature of Individual Completing Form  
My affiliation with the Applicant is:  Owner  Partner  Director  Officer  Other \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

**NOTARY PUBLIC**

The undersigned, a Notary Public in and for the County of \_\_\_\_\_, in the State of \_\_\_\_\_, certifies that the above named individual appeared in person, and before me, either known to me or satisfactorily proven to be the individual whose name subscribed to the within instrument and signed the Authorization and Notification.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and to which witness my hand and seal.

\_\_\_\_\_  
Notary Public

**Stamp or Seal**

\_\_\_\_\_  
Printed Name

My commission expires \_\_\_\_\_, 20\_\_\_\_