

State of New Jersey

Racing Commission

Information and Instructions for Application to be placed on Self-Exclusion List for
Voluntary Exclusion From Entry to Permitted
Racetracks, Off-Track Wagering Facilities and Account Wagering Systems
(including but not limited to telephone and computer wagering)

Information and Instructions

1. Please read this document (Information and Instructions) and the Application to be placed on Self-Exclusion List, including the acknowledgment, carefully. By signing and submitting the Application, you acknowledge that you are a problem gambler and agree to the following:

During your period of self-exclusion, you may not enter a permitted racetrack in New Jersey or an off-track wagering facility for any reason, and if you do you are subject to immediate ejection from and by said facility and you may not open or maintain an account with the account wagering system. Additionally, you can not collect winnings or accept anything of value or recover losses resulting from or related to wagering at a racetrack, off-track wagering facility or from account wagering.

2. The completed Application may be submitted in person or by mail. **If submitting in person**, the individual requesting self-exclusion can complete the Application process by visiting one of the following New Jersey Racing Commission Offices during normal business hours.

Meadowlands Racetrack
50 Route 120
East Rutherford, N.J. 07073

Monmouth Park
175 Oceanport Avenue
Oceanport, N.J. 07757

Freehold Raceway
Route 9 & Business 33
Freehold, NJ 07728

New Jersey Racing Commission
140 East Front Street
Trenton, NJ 08625

You must bring with you identification that contains your signature **and** a photograph or physical description, such as a driver's license, passport, or military identification card. Your photograph may be taken by Commission personnel.

3. **If submitting by mail**, the completed Application should be sent to :

New Jersey Racing Commission
Self -Exclusion List Processing
PO Box 088
Trenton, New Jersey 08625-0088

You must include a clear copy of a photo ID such as a Photo Drivers License, Passport, Military ID card, etc. that includes your photograph and identifying information.

4. In accordance with section 5 of the Privacy Act, 7 U.S.C. 522a, your disclosure of social security number ("SSN") to the Commission is voluntary. Failure to provide your SSN number is not grounds for denial of your request for self-exclusion. If provided, your SSN will be used in identifying you as a self-excluded person in order to deny you credit, check cashing and similar privileges, and for forfeiture purposes.
5. Once the New Jersey Racing Commission determines the Application process is complete, you will receive a letter stating that your Application is approved and the date that your name is officially placed on the self-exclusion list. You must remain on the self-exclusion list for at least one (1) year from that date. Your name will remain on the self-exclusion list indefinitely, unless, if after (1) year, you submit a Request for Removal from Voluntary Self-Exclusion List form.
6. For the complete rules governing the self-exclusion program see N.J.A.C. 13:70-32.1, 13:71-30.1, 13:74-12.1 and 13:74A, adopted pursuant to N.J.S.A. 5:5-65.1 through 65.2. Copies of these documents are available upon request from Commission personnel.

APPLICATION TO BE PLACED ON SELF-EXCLUSION LIST FOR VOLUNTARY EXCLUSION FROM ENTRY TO NEW JERSEY RACETRACKS, OFF-TRACK WAGERING FACILITIES, AND ACCOUNT WAGERING SYSTEMS

New Jersey Racing Commission

This form is to be completed by a patron requesting to be placed on the self-exclusion list for voluntary exclusion from entry to New Jersey Racetracks, Off-track Wagering Facilities, and Account Wagering Systems pursuant to N.J.S.A. 5:5-65.1 and 5:5-65.2 and N.J.A.C. 13:70-32.1, 13:71-30.1, 13:74-12.1 and 13::74A.

PLEASE PRINT OR TYPE THE ANSWERS TO THE FOLLOWING QUESTIONS IN THE SPACES PROVIDED

1. NAME: _____
LAST (INCLUDE SR., JR. ETC., IF APPLICABLE) FIRST MIDDLE
2. DO YOU USE ANY OTHER NAME OR NAMES? YES NO . IF YES, LIST THE ADDITIONAL NAME(S) BELOW (INCLUDE MAIDEN NAME, ALIASES, NICKNAMES OR ANY OTHER NAME):

3. ADDRESS: _____
NUMBER AND STREET APT#
- _____
- CITY STATE ZIP CODE

4. TELEPHONE NUMBER: _____
(AREA CODE) NUMBER

5. SOCIAL SECURITY NUMBER*: _____

*Disclosure of your Social Security number is voluntary.
See instructions for further details.

ATTACH
PHOTOGRAPH
HERE

6. DATE OF BIRTH: _____ / _____ / _____
MONTH DAY YEAR

7. HEIGHT: _____ 8. WEIGHT: _____
FT-IN LBS

PLEASE CHECK APPROPRIATE BOX:

- | | | |
|--|---|--|
| 9. GENDER: <input type="checkbox"/> (M) MALE | 10. HAIR COLOR: <input type="checkbox"/> (BK) BLACK | 11. EYE COLOR: <input type="checkbox"/> (BK) BLACK |
| <input type="checkbox"/> (F) FEMALE | <input type="checkbox"/> (BR) BROWN | <input type="checkbox"/> (BR) BROWN |
| | <input type="checkbox"/> (BD) BLOND | <input type="checkbox"/> (HZ) HAZEL |
| | <input type="checkbox"/> (RD) RED | <input type="checkbox"/> (BL) BLUE |
| | <input type="checkbox"/> (GY) GRAY | <input type="checkbox"/> (GY) GRAY |
| | <input type="checkbox"/> (WH) WHITE | <input type="checkbox"/> (GR) GREEN |
| | <input type="checkbox"/> (BA) BALD | <input type="checkbox"/> (OT) OTHER _____ |

12. OTHER DISTINGUISHING PHYSICAL CHARACTERISTICS: _____

13. TYPE OF ID OFFERED: _____

ACKNOWLEDGMENT

I am voluntarily placing myself on the Self-exclusion list pursuant to N.J.S.A. 5:5-65.1 and 65.2 and N.J.A.C. 13:70-32.1, 13:71-30.1, 13:74-12.1, and 13:74A and acknowledge the following:

- I am a problem gambler
- During my period of self-exclusion, I may not enter a permitted racetrack in New Jersey or an off-track wagering facility for any reason, and if I improperly do, I am subject to immediate ejection from and by said facility.
- During the period of my voluntary self-exclusion, I can not collect winnings, an item of value or recover losses, in any manner or proceeding, resulting from or related to wagering at a racetrack, off-track wagering facility or from account wagering.
- During the period of my voluntary self-exclusion, as a self-excluded person I may not open or maintain an account with the account wagering licensee and if I do so, I can not collect any winnings or recover losses resulting from or related to account wagering.
- I understand that I will remain on the self-exclusion list for a minimum period of one year.
- I have read and consent to Chapter 74A Self-Exclusion List of the New Jersey Administrative Code.
- I certify that the information I have provided on the application form is true and accurate and it is my responsibility to furnish in writing any change in information disclosed in the application.

SIGNED: _____ DATE: _____

PRINT NAME: _____