

## PERSONAL DISCLOSURE BIENNIAL UPDATE



Oregon Lottery®  
Lottery Security Section  
500 Airport Rd. SE  
PO Box 12649  
Salem, OR 97309  
503-540-1400

For Lottery Use Only:  
Date Received: \_\_\_\_\_  
Date Assigned: \_\_\_\_\_  
Date Completed: \_\_\_\_\_

Biennial Update Personal Disclosure for (Name) \_\_\_\_\_

Associated Company/Vendor \_\_\_\_\_

## DISCLOSURE STATEMENT (READ CAREFULLY)

I understand that the following information disclosed may be utilized to protect the public interest and to promote and ensure the security, honesty, integrity, and fairness in the operation of the Oregon Lottery®. I understand that untruthful, incomplete, or misleading answers are cause for denial of the application and/or termination of any work agreement, service agreement, or contract granted, and may be the subject of prosecution under ORS 162.065, 162.075, or 162.085. I acknowledge responsibility for excessive investigation costs incurred due to untruthful, incomplete, or misleading answers. I authorize the Office of the Director, Oregon Lottery®, to investigate or direct an investigation of any matter concerning me, as necessary, possibly including but not limited to my financial records, financial sources, credit history, school records, child support enforcement records, criminal history records, department of motor vehicle records, civil litigation records, and local, state, and federal tax records, as well as contact with listed and unlisted references. I acknowledge that I will consent to providing fingerprints, if asked to do so. As per requirements in ORS 461.700, I specifically authorize the Oregon Attorney General and the Assistant Director for Security, Oregon Lottery®, to confirm with the Oregon Department of Revenue and with the United States Internal Revenue Service the truthfulness in regard to my tax matters. Background investigations will be conducted by the Oregon State Police Lottery Security Section. The information and subsequent investigation may be disclosed to appropriate federal, tribal, state, local, or foreign law enforcement and regulatory agencies when relevant to civil, criminal, or regulatory investigations or prosecutions.

## GENERAL INSTRUCTIONS

This "Personal Disclosure Biennial Update" form is to be completed **ONLY** by those individuals who have provided a full "Personal Disclosure Form" within the past six years, while employed by this vendor.

Hand-print or type an answer to every question. If a question does not apply to you, so state with NA. If space available is insufficient, continue on a separate sheet and precede each answer with the appropriate question number. On all questions where a "yes" is marked indicating a change or addition to your last disclosure to the Oregon State Police, note the question number and provide an explanation on an attached sheet. In compliance with Public Law 93-579§7 (5 USC§552(a)), you are hereby notified that the disclosure of a social security number is voluntary. If disclosed, it will be used as a method of identification to obtain a credit history. Refusal to provide a social security number for this purpose may delay the processing of this application.

I acknowledge by my signature that I have read the information above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## PERSONAL DISCLOSURE BIENNIAL UPDATE

### PERSONAL INFORMATION

\_\_\_\_\_  
Last Name                                      First Name                                      Middle Name                                      Work Phone

\_\_\_\_\_  
Address                                      City/State                                      Zip                                      Home Phone

\_\_\_\_\_  
Date of Birth                                      Social Security Number                                      Drivers License #                                      State issued

What is your marital status?

Single       Married       Separated       Divorced       Widowed       Engaged

Spouse's full name (Maiden) \_\_\_\_\_ Date of Birth \_\_\_\_\_

What is your current position/title/role with this applicant? \_\_\_\_\_

### DISCIPLINARY ACTIONS EMPLOYMENT/GAMING LICENSES

If the answer to any of the following questions is **YES**, provide complete details on separate sheet of paper. For answers pertaining to any questions under legal proceedings, if the answer is yes, you must provide the date, location, law enforcement agency, city, county, state, charges, and circumstances.

Have you been the subject of any disciplinary action by your employer?       Yes       No

Have you had any gaming license, or permit revoked or suspended?       Yes       No

Have you been denied any gaming license or permit?       Yes       No

Have you withdrawn an application for a gaming license or permit?       Yes       No

### FINANCIAL INFORMATION

Have you filed for bankruptcy within the last three years?       Yes       No

Have you been delinquent on taxes owed within the last three years?       Yes       No

Have you provided any loans to the applicant within the last three years?       Yes       No

Have you contributed to any political candidate within the last three years?       Yes       No

## LEGAL PROCEEDINGS

Within the last three (3) years have you...

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| been arrested for any criminal offense?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| had a criminal indictment filed against you in any jurisdiction?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| been convicted of a crime and had the conviction "purged" from your record?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| been given a "deferred sentence"?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| been given a "diversion"?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| been given a "pardon"?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| been the subject of a Grand Jury investigation?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| had a criminal indictment, information, or complaint returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**THE OREGON LOTTERY® RESERVES THE RIGHT TO REQUIRE FULL DISCLOSURE AT ANY TIME DEEMED NECESSARY DURING AN INVESTIGATION.**

**AUTHORITY TO RELEASE CREDIT, CHARACTER,  
AND PERSONAL HISTORY INFORMATION**

Having made application through the Oregon Lottery®, I hereby authorize a complete investigation of my record including personal history, academic record, job performance, and criminal arrest and conviction by the Oregon State Police, the Office of the Director of the Oregon Lottery®, or another police agency authorized to conduct applicant investigations to ascertain any and all information which may concern my credit and character, whether same is of record or not, and release your organization and all persons whomsoever from any charge because of furnishing said information. I authorize a true copy of the original of this authorization as if the copy were the original itself.

**NOTICE TO APPLICANT:**

I understand that pursuant to ORS 192.560(2)(d), I may revoke this authorization at any time in writing. Any such revocation shall be sent to the Major, Oregon State Police, Gaming Enforcement Division, 500 Airport Road, SE, Salem, OR 97301, by certified mail, return receipt requested.

\_\_\_\_\_  
Name (Print or Type)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Subscribed and Sworn to before me

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,

(SEAL)

at \_\_\_\_\_, \_\_\_\_\_  
City State

\_\_\_\_\_  
Notary Public (Signature)

\_\_\_\_\_  
Print Name

My Commission Expires \_\_\_\_\_

**FINANCIAL RECORDS DISCLOSURE AUTHORIZATION**

TO ANY FINANCIAL INSTITUTION:

I authorize and direct you to disclose any and all records and to deliver true copies thereof concerning or pertaining in any way to me or to the undersigned business to any law enforcement officer of the Oregon State Police, Gaming Enforcement Division. Disclosure is authorized for any civil, administrative, or criminal action which may be undertaken by the State of Oregon against me or any other person or business. Further, I authorize and direct you to honor a true copy of the original of this authorization as if the copy were the original itself.

NOTICE TO APPLICANT:

I understand that pursuant to ORS 192.560(2)(d), I may revoke this authorization at any time in writing. Any such revocation shall be sent to the Major, Oregon State Police, Gaming Enforcement Division, 500 Airport Road, SE, Salem, Oregon 97301, certified mail, return receipt requested.

EXECUTED this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Applicant's Title

Subscribed and Sworn to before me

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,

(SEAL)

at \_\_\_\_\_, \_\_\_\_\_  
City State

\_\_\_\_\_  
Notary Public (Signature)

\_\_\_\_\_  
Print Name

My Commission Expires \_\_\_\_\_

**SWORN STATEMENT AND DEPOSITION**

State of \_\_\_\_\_ )  
 ) ss.  
County of \_\_\_\_\_ )

I, \_\_\_\_\_, being duly sworn, depose and say that I have read the above and attached statements, documents, information, and organizational chart, and that they are true and correct to the best of my knowledge and belief. Further, this statement is executed with the knowledge that misrepresentation or failure to disclose made in the above disclosure may be deemed sufficient cause for the refusal by the Oregon Lottery® to execute any contract or agreement. Further, that I am aware that later discovery of an omission or misrepresentation made in the above statements, documents, and information may be grounds for the cancellation of an existing contract or agreement. Further, that I am voluntarily submitting this disclosure under oath with the full knowledge that Oregon Revised Statute 162.075, False Swearing, provides that, "(1) A person commits the crime of false swearing if the person makes a false sworn statement, knowing it to be false, and (2) False Swearing is a Class A Misdemeanor." I understand that providing false information in this disclosure form constitutes the crime of false swearing under ORS 162.075.

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

I, \_\_\_\_\_, do hereby certify that I have prepared this document on behalf of the vendor/  
Representative's Name  
company/applicant, and that I hereby attest that the information provided is true, accurate, and complete to the best of my knowledge.

\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Printed Name Title  
Business Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_

Subscribed and Sworn to before me

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,  
at \_\_\_\_\_, \_\_\_\_\_  
City State

(SEAL)

\_\_\_\_\_  
Notary Public (Signature)  
\_\_\_\_\_  
Print Name

My Commission Expires \_\_\_\_\_