



CONNECTICUT DEPARTMENT OF CONSUMER PROTECTION

MICHELLE H. SEAGULL | COMMISSIONER

Connecticut Gaming Self-Exclusion Registration Form

* = required

Personal and Contact Information

First Name*: _____ Middle Name: _____ Last Name*: _____

Address*: _____

City, State, Zip*: _____

Phone: _____ Email*: _____

Social Security Number or Tax ID: _____ Date of Birth*: _____

NOTE: Until and unless you receive a confirmation email from our agency regarding your registration on the list, you are not considered registered.

Minimum Self-Exclusion Period (Please select one) *:

One (1) Year Five (5) Years Lifetime

Note: Once this period has ended you will not automatically be removed from the list. You will remain on the list until you request to be removed from the list. Lifetime requests cannot be reversed, and you will not be removed from the list.

Proof of Identification*

You will be required to EITHER:

- submit a copy/scan/photo of a government issued ID as well as a clear photo of your face. Please see submittal instructions at the end of this form.

OR

- have this form notarized and sent or emailed in to the address at the end of this form.

Waiver and Release

I, for myself, my heirs, administrators, executors, and assigns do hereby knowingly, voluntarily, and unconditionally release, waive, absolve, indemnify, and hold harmless the State of Connecticut, the Department of Consumer Protection ("Department") and its employees and agents, and all Connecticut Gaming Licensees, and their employees and affiliates from any liability to me and my heirs, administrators, executors, and assigns, for any harm, monetary or otherwise, which may arise out of or

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by reason of any act or omissions relating to this Request for Self-Exclusion from the gambling in the state, including those related to:

- Processing or enforcement of my request for self-exclusion
- Failing to withhold or restore my gambling privileges
- Permitting me to engage in gambling activity on sites of Connecticut Gaming Licensees while on the Connecticut Gaming Self-Exclusion List
- Disclosing information contained in my Self-Exclusion request or the Connecticut Gaming Self-Exclusion List except for a willfully unlawful disclosure of such information

Connecticut gaming self-exclusion terms and conditions

Personal Information

A. Your personal information will be provided to all Connecticut Gaming Licensees (“Gaming Licensees”) that offer internet or in-person gambling or fantasy sports/fantasy contests. They will use your information to close any accounts that you have with them and to stop providing you with any gambling services or marketing of gambling services.

B. Your Request Form and the Connecticut Gaming Self-Exclusion List are not open for public inspection and every effort will be made to keep this information confidential. However, the Department and Gaming Licensees are not liable for disclosure of any information, except for a willfully unlawful disclosure. Certain disclosures by Gaming Licensees are permitted. These disclosures include informing the companies that they contract with to provide services, for example marketing companies, cash advance services and junket representatives, that you are on the Connecticut Self-Exclusion List for the purposes of denying you gaming-related services and to stop sending you any gaming-related marketing. Also, Gaming Licensees may disclose to affiliate gaming entities in this state or other jurisdictions that you are on the Connecticut Self-Exclusion List for the limited purpose of the proper administration of responsible gaming programs administered by the affiliated gaming entities.

Extent of self-exclusion

A. Gaming Licensees may enact responsible gaming programs that are stricter than the State of Connecticut's Gaming Self-Exclusion program. For example, a Gaming Licensee may put in place a responsible gaming program which bans individuals that have signed up for a state self-exclusion list from the Gaming Licensee’s websites worldwide for the length of their state self-exclusion terms. This ban could also include all of the Gaming Licensee’s gambling, hotel, and entertainment venues.

IF YOU SIGN UP FOR CONNECTICUT GAMING SELF-EXCLUSION, A GAMING LICENSEE MAY ALSO BAN YOU FROM ALL OF THEIR LAND BASED PROPERTIES AS WELL AS ALL OF THEIR ONLINE GAMBLING AND ONLINE SPORTSBOOKS AND ANY FANTASY CONTESTS/FANTASY SPORTS THAT THEY OFFER, EVEN THOSE IN OTHER STATES. YOU COULD ALSO FORFEIT ANY REWARDS POINTS YOU MAY HAVE EARNED IN CONNECTICUT OR ELSEWHERE.

B. The terms and existence of a responsible gaming program that a Gaming Licensee has put in place may change, and the Department is not responsible or required to let you know about these changes.

Voluntary Disclosure of Social Security Number.

In accordance with Section 7 of the Privacy Act, 5 U.S.C. 552a, disclosure of your social security number to the Department is voluntary. Failure to disclose your social security number is not grounds for denial of your request for self-exclusion. However, a delay may occur in notification to Gaming Licensees if you do not provide your social security number. If you don't provide your social security number it may also compromise the effectiveness of self-exclusion procedures implemented by Gaming Licensees. The request for your social security number is made pursuant to Connecticut Public Act 21-23. Your social security number will be disclosed to Gaming Licensees so that they can identify you as a self-excluded person, prevent you from gambling, deny you credit, check cashing and similar privileges, and so that they can implement forfeiture to any winnings or prizes.

Self-Exclusion Time Periods

A. You must choose one of the three following options in connection with the length of time your name must remain on the Connecticut Gaming Self-Exclusion List: one year, five years, or lifetime.

B. If you choose the one year option or the five year option, you are not allowed to remove yourself from the Gaming Self-Exclusion List until the time period that you selected has expired. Additionally, your name will remain on the Connecticut Gaming Self-Exclusion List until you request its removal.

C. Once the time period you selected has expired you are responsible for making the request to remove yourself from the Connecticut Gaming Self-Exclusion List. A request for the removal of your name from the Connecticut Gaming Self-Exclusion List may be done online.

D. If you select a lifetime exclusion you are not allowed to request removal from the Connecticut Gaming Self-Exclusion List.

You are responsible to not gamble or play Fantasy Contests/Fantasy Sports

A. It is your responsibility to refrain from gambling or participating in Fantasy Contests/Fantasy Sports. The Department and Gaming Licensees are not liable for any acts or omissions in processing or enforcing your request to be included on the Connecticut Self-Exclusion List, including the failure to withhold your ability to gamble or participate in Fantasy Contest/Fantasy Sports.

B. If you are discovered to be participating in gaming, your winnings and/or prizes will be forfeited, this includes forfeiting any chips, tokens, or credits in your possession. Also, you will be removed from the gaming site whether online or in-person.

C. The Department and Gaming Licensees also are not liable for any acts or omissions in processing or enforcing any request by you to be removed from the Connecticut Gaming Self-Exclusion List.

For more information on the laws establishing the Connecticut Gaming Self-Exclusion program, see Connecticut Public Act 21-23 and the regulations set forth thereunder. Copies of the act and the regulations are available on the Department's website at: www.ct.gov/selfexclusion. These laws may be changed without prior notice to individuals who have request to be included on the Connecticut Self-Exclusion List.

Only one request is required to self-exclude from gambling online or in-person in Connecticut. This includes participating in Fantasy Contests/Fantasy Sports. This request does not exclude you from Internet or other gaming that is conducted solely on the reservations of the tribes located within the state.

Acknowledgements

A) By signing below, I certify that the information I have provided is true and accurate.

B) By signing below, I represent that I am not under duress or under the influence of any substance (e.g., alcohol, drugs or medication), and that I do not have any condition that impairs my ability to understand the Connecticut Self-Exclusion Program Terms and Conditions.

C) Signing below authorizes the Department to direct all Gaming Licensees to restrict my gaming in accordance with my request until such time as the Department removes my name from the Connecticut Gaming Self-Exclusion list in response to my request to terminate my voluntary Internet self-exclusion. I understand that if I have selected a lifetime exclusion that my name will not be removed from the self-exclusion list.

D) By signing below, I request to be included on the Connecticut Gaming Self-Exclusion List and that I have read and agreed to the Connecticut Gaming Self-Exclusion Terms and Conditions and the Waiver and Release that is part of my application.

Signature: _____

Date: _____

Submittal Instructions

Please mail this signed form and accompanying Proof of Identification to:

CT Department of Consumer Protection
450 Columbus Boulevard, Suite 901
Hartford, CT 06103-1840
ATTN: Gaming Self-Exclusion List

Alternatively, you may submit these items online by using the following secure process:

1. Visit: <https://sft.ct.gov>
2. Login with the following information:
 - Username: Upload
 - Password: Password1
3. Select and open the DCP_TEMP folder

4. Upload each of required items (this signed form, government-issued ID, clear photo of your face)
5. Email dcp.selfexclusion@ct.gov to notify us of the upload.

OR have this form notarized below, and mail or email this form to:

CT Department of Consumer Protection
450 Columbus Boulevard, Suite 901
Hartford, CT 06103-1840
ATTN: Gaming Self-Exclusion List
dcp.selfexclusion@ct.gov

Notarization

CONNECTICUT NOTARY ACKNOWLEDGMENT

State of Connecticut

County of _____ ss. _____ (Town/City)

On this the ___ day of _____, 20___, before me, _____ (name of notary), the undersigned officer, personally appeared _____ (name of individual or individuals), known to me (or satisfactorily proven) to be the person(s) whose name(s) _____ (is or are) subscribed to the within instrument and acknowledged that _____ (he, she or they) executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand.

_____ (Signature of Notary Public)

_____ (Printed Name of Notary)

Date Commission Expires: _____