



Badge Replacement Request Form
Nebraska Racing and Gaming Commission
 3401 Village Drive, Suite 100, Lincoln, Nebraska 68516
 nrgc.nebraska.gov



PLEASE READ THE FOLLOWING INFORMATION CAREFULLY BEFORE YOU COMPLETE THIS FORM

All information must be typed or printed legibly in blue or black ink. If the space available is insufficient, attach a separate sheet of paper and precede each answer with the applicable section and question number. Any corrections, changes, or other alterations must be initialed and dated by the applicant.

Commission Office Use Only:			
Commission Employee: _____		Date: _____	
Total \$: _____		<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
		<input type="checkbox"/> Money Order	<input type="checkbox"/> Invoice
BADGE REPLACEMENT FEE			
Racing	Gaming		
<input type="checkbox"/> \$5	<input type="checkbox"/> 1 st Loss: \$25	<input type="checkbox"/> 2 nd Loss: \$50	<input type="checkbox"/> 3 rd Loss: \$75

PERSONAL INFORMATION		
Last Name: _____	First Name: _____	Middle Name: _____
REPLACEMENT INFORMATION		
Type of License:	Badge Number: _____	
<input type="checkbox"/> Racing	<input type="checkbox"/> Occupational Level 1	
<input type="checkbox"/> Key Person	<input type="checkbox"/> Occupational Level 2	
	<input type="checkbox"/> Occupational Level 3	
Replacement Reason:		
<input type="checkbox"/> Lost	<input type="checkbox"/> Damaged	
<input type="checkbox"/> Stolen	<input type="checkbox"/> Change of Name- Need copy of court document authorizing legal name change or Drivers Licenses/State ID showing name change	
Former Name: _____		
New Name: _____		

DECLARATION	
I declare under penalty of perjury under the laws of the State of Nebraska that the information in this form is true, accurate, and complete, and that this declaration is executed by me at _____.	
(City and State)	
Signature: _____	Date: _____

Lincoln Office
(402) 471-8038

Grand Island Office
(402) 480-9908

Columbus Office
(402) 853-4815