

The seal of the Nebraska Racing and Gaming Commission is a circular emblem. It features a central map of Nebraska in blue and red. Above the map are two white dice, and below it is a brown horse with a jockey. The word "NEBRASKA" is written in white, uppercase letters along the top arc of the seal. The words "RACING AND GAMING COMMISSION" are written in white, uppercase letters along the bottom arc. There are four yellow stars positioned around the central map. The entire seal is semi-transparent and serves as a background for the text.

NEBRASKA

*Nebraska Racing and  
Gaming Commission  
Independent Testing  
Lab **Renewal**  
Application for  
Certification*

**NEBRASKA RACING AND GAMING COMMISSION**  
**INDEPENDENT TESTING LAB RENEWAL APPLICATION**

<b><i>Office Use Only</i></b>	
1 <sup>st</sup> year License Date:	_____
FP Date:	_____
Fee: _____	How Pd: _____
Clerk:	_____

**RENEWAL LICENSE FEE:**  
**Year 2 and Year 3 - \$1,000 per year**

Pursuant to Nebraska Adm. Code Title 296 Rule 1.001.24, an Independent Testing Laboratory (ITL) must be certified by the Commission to be eligible to certify gaming devices, software, hardware or other technology for compliance with the Nebraska Racetrack Gaming Act and the regulations promulgated by the Commission.

To be considered for certification as an ITL, complete and return this checklist with your application. All applications must be arranged in the order listed below. A complete application will consist of the applicable documents/items listed below and any additional documents/items as may be necessary and/or required by NRGK Regulations.

\_\_\_\_\_  
NAME OF APPLICANT OR HOLDING COMPANY\*

\_\_\_\_\_  
\*NAME AS APPEARS ON THE CERTIFICATE OF INCORPORATION, CHARTER, BYLAWS, PARTNERSHIP AGREEMENT OR OTHER OFFICIAL DOCUMENT.

\_\_\_\_\_  
D/B/A OR TRADE NAME(S)

\_\_\_\_\_  
FEDERAL TAX ID OR SOCIAL SECURITY NUMBER\*

**PERSON TO BE CONTACTED IN REFERENCE TO THESE FORMS:**

\_\_\_\_\_  
NAME

\_\_\_\_\_  
TITLE    TELEPHONE: (AREA CODE) NUMBER                          FAX NO. (IF AVAILABLE)

\_\_\_\_\_  
E-MAIL ADDRESS

**THE PRINCIPAL BUSINESS ADDRESS OF THE APPLICANT OR HOLDING COMPANY:**

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STREET LOCATION (NUMBER/STREET)	CITY	STATE	ZIP
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COUNTRY	TELEPHONE: (AREA CODE) NUMBER	FAX NO. (IF AVAILABLE)
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MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
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WEBSITE ADDRESS

**Please answer the following questions as they relate to your Independent Testing Lab License since the last time you submitted your initial application or last renewal application form.**

**Please provide your most recently filed tax statements**

1. Are you current in filing all required income tax returns?  
 No     Yes    If you answered **NO**, please explain.
  
2. Are you delinquent in the payment of federal, state or city tax required under state or federal law?  
 No     Yes    If you answered **YES**, please explain and submit documentation from the tax authority indicating the delinquency.
  
3. Since your last application has your entity had any court or formal proceeding filed against the entity to adjust, defer, suspend, or otherwise work out the payment of any debt, including garnishment of employee wages?  
 No     Yes    If you answered **YES**, please explain and submit relevant documentation.
  
4. Since your last application has your entity filed proceedings for bankruptcy?  
 No     Yes    If you answered **YES**, please explain and submit a court document.

5. Since your last application has any key persons been convicted of a misdemeanor or felony involving gambling, dishonesty, theft, or fraud in any state?  
 No  Yes If you answered **YES**, please explain and submit a final court disposition for each charge.
6. Since your last application has your entity indicted, charged, arrested, convicted, plead guilty, no contest, or forfeited bail for any felony or misdemeanor offense in any jurisdiction?  
 No  Yes If you answered **YES**, please explain and submit final court dispositions for all cases.
7. Since your last application has any key persons been criminal conviction, either a felony or misdemeanor, or has said conviction dismissed, expunged, or set aside under the laws of any jurisdiction?  
 No  Yes If you answered **YES**, please explain and submit final court dispositions for all cases.
8. Since your last application has your entity been fined, suspended, restricted, or revoked in any jurisdiction?  
 No  Yes If you answered **YES**, please explain.
9. Has there been any changes to your ISO/IEC certification and accreditation since your last application?  
 No  Yes If you answered **YES**, please explain.
10. Has there been changes to your ownership or principles?  
 No  Yes If you answered **YES**, please explain.

## Privacy Act Statement

*This privacy act statement is located on the back of the [FD-258 fingerprint card](#).*

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 03/30/2018

The FBI Privacy Act Statement can be found at <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>.

### **Applicant Notification of Procedures for Obtaining an Amendment to an FBI Record**

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or update of an FBI criminal history record are set forth at 28 CFR 16.34. Information regarding this process may be found at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.