

Statewide Self-Exclusion Form  
Oklahoma Association on Problem Gambling & Gaming  
Notary Public Verification

OAPGG recognizes the need for some individuals to request self-exclusion from multiple casinos. Upon completion, the problem gambler requests that OAPGG send this form to the tribes and/or casinos within the State of Oklahoma. The list of participating tribes/casinos is found at [www.oapgg.org](http://www.oapgg.org) and is updated periodically. Please note, not all tribes participate in the self-exclusion program but may choose to in the future. Therefore, any tribe that opts to participate will be added. Moreover, future participation of tribes/casinos ensures that they will retroactively accept and activate the entire self-exclusion list.

I, \_\_\_\_\_ (Legal Name) agree to the following.

Initials\_\_\_\_\_ 1) I wish to voluntarily exclude myself from all casinos in the State of Oklahoma, a list of which is provided on the OAPGG website.

Initials\_\_\_\_\_ 2) I wish to exclude myself for:  
\_\_\_\_\_ 1 YEAR      \_\_\_\_\_ 3 YEARS      \_\_\_\_\_ 5 YEARS      \_\_\_\_\_ 10 YEARS

Initials\_\_\_\_\_ 3) The signee agrees that the ultimate responsibility for staying off the premises of the casinos belongs to the signee and is not the responsibility of OAPGG, the tribe or casino. The signee understands and agrees that the casinos shall employ its best efforts to exclude persons who have signed this form from entry into its casino facilities: provided, however, that neither persons who are barred but gain access to a casino facility nor any other person, shall have any claim against OAPGG, the state, the tribe, the casino or any other person for failing to enforce such bar.

Initials\_\_\_\_\_ 4) The signee understands that entering casinos after signing this form is trespassing.

Initials\_\_\_\_\_ 5) If the signee returns to the casino and seeks to claim any winnings, the tribe or casino will deny the claim.

Initials\_\_\_\_\_ 6) As the signee, I understand that all itemized information is required; a notarized signature, a recent photograph (separate from the driver's license), and a copy of the signees current driver's license must be included with this application or the application will be denied. The application, signature and photo I.D. need to be presented to a notary public for signed verification.

Mail completed form to: Oklahoma Association on Problem Gambling & Gaming  
501 E. Alameda St. Suite E  
Norman, OK 73071

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Initials \_\_\_\_\_ 7) I understand that treatment for problem gambling and gamblers anonymous groups are available and if I need help or more information, I can call 1-800-522-4700, the Oklahoma Problem Gambling Helpline.

Initials \_\_\_\_\_ 8) This Self-Exclusion request is IRREVOCABLE by OAPGG for the time specified.

Initials \_\_\_\_\_ 9) The list of participating tribes and casinos is found at [www.oapgg.org](http://www.oapgg.org) and is updated periodically. I understand that other tribes (not currently listed) may choose to participate in the future. This self-exclusion form applies to current participating tribes and those that may join in the future.

Full Legal Name: \_\_\_\_\_

Alias Name/Nicknames: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ (Photo copy of Driver's License is required)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Physical Description:

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Scars & Tattoos: \_\_\_\_\_

Initials \_\_\_\_\_ 1) As the signee, I understand that should I desire to enter a gaming facility or casino, it is my responsibility to contact each gaming facility to learn their process for removing my name from their self-exclusion list.

Initials \_\_\_\_\_ 2) As the signee, I understand the tribe or casino will remove my name from the casino's mailing list.

Initials \_\_\_\_\_ 3) As the signee, I will maintain my own copy of this form.

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CHECKLIST:

Initials \_\_\_\_\_ 1) Signature verified by a notary

Initials \_\_\_\_\_ 2) Copy of Driver's License

Initials \_\_\_\_\_ 3) Recent separate photo

PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

**(Same as Notary date.)**

APPLICANT'S SIGNATURE: \_\_\_\_\_

**(Form must be signed in the presence of Notary Public.)**

**NOTARY PUBLIC VERIFICATION**

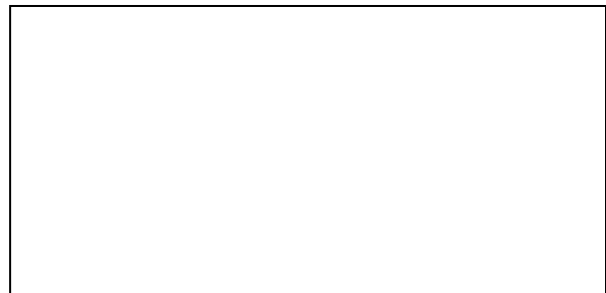
State of: \_\_\_\_\_

County of: \_\_\_\_\_

SUBSCRIBED AND SWORN TO (OR AFFIRMED)  
BEFORE ME THIS \_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_.

**(Notary Date and Applicant Signature date must coincide.)**

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



Notary Public Signature: \_\_\_\_\_

**FOR OAPGG USE ONLY:**

RECEIVED BY: \_\_\_\_\_

DATE RECEIVED & VERIFIED: \_\_\_\_\_

DATE ENTERED INTO DATABASE: \_\_\_\_\_

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1. Absentee Shawnee Gaming Commission – 405-360-9270
2. Cherokee Nation Gaming Commission – 918-431-4116
3. Chickasaw Nation Gaming Commission – 580-310-0570
4. Choctaw Nation Gaming Commission – 580-924-8112
5. Citizen Potawatomi Nation Gaming Commission – 405-878-4838
6. Comanche Nation Gaming Commission – 580-595-3300
7. Creek Nation Gaming Commission – 918-995-8400
8. Delaware Nation Gaming Commission – 405-247-2448
9. Eastern Shawnee Tribe of Oklahoma Gaming Commission – 918-666-9239
10. Kaw Nation Gaming Commission – 580-362-2796
11. Kiowa Tribe Gaming Commission – 580-654-2300
12. Muscogee Creek Office of Public Gaming – 918-995-8400
13. Otoe-Missouri Nation Gaming Commission – 580-723-2851
14. Ponca Tribe Gaming Commission – 580-762-8104
15. Sac & Fox Nation Gaming Commission – 405-273-1588
16. Seminole Nation Gaming Agency – 405-382-0046
17. Shawnee Tribe Gaming Commission – 918-542-2441
18. Remington Park – 405-424-1000

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(revised & approved by OAPCG Board of Directors: 01/18/2019; 01/22/2019; 01/25/2019; 01/29/2019; 07/01/2021, 03/27/2023)



Policy and procedures for the acceptance and activation of the Statewide Self-Exclusion form. All Statewide Self-Exclusion forms:

1. Will be processed within 24 hours (1 business day) of receipt at OAPGG, 501 E. Alameda St., Suite E, Norman, OK 73071.
2. All forms will be evaluated by the following guidelines:
  - a. Form must be filled out completely and accurately.
  - b. Additional photo will be compared to the driver's license photo.
  - c. Signature on the form will be compared to the signature on the driver's license.
  - d. Applicant's signature must be notarized.
3. If the Self-Exclusion form is incomplete or clarification is needed, OAPGG will attempt to call the applicant for verification and validation. If the applicant is not available after 2 telephone calls, OAPGG will return the form by U.S. mail with completion instructions.
4. Upon acceptance, OAPGG will mail the applicant a letter of acceptance and notice of the activation of the Self-Exclusion form.
5. Page 1 of the OAPGG Statewide Self-Exclusion form includes eight (8) items that must be initialed by the applicant. By initialing each item, the applicant is signifying that they understand the terms and conditions of the Self-Exclusion program. Once the Self-Exclusion form is processed and accepted by the participating tribes, the application becomes a legally binding agreement between the participating tribal casinos and the applicant.
6. If the applicant wishes to have their Self-Exclusion form rescinded for any reason, they must contact the Tribal Gaming Commission of each participating tribe individually. (A list of all participating tribes is found on [www.oapgg.org](http://www.oapgg.org)). OAPGG does not have the legal authority to rescind any Self-Exclusion form once it has been accepted and processed by the participating tribal casinos. Please note: There are some Tribal Gaming Commissions that will not remove/modify/alter the OAPGG application once it has been accepted and the applicant is barred from entry into gaming facilities for the duration of Self-Exclusion.
7. The Applicant Signature date and the Notary Public date must coincide. The start date of the Self-Exclusion form will be the date of the Notary's signature.
8. Any Self-Exclusion form received with a Notary Public verification date past 90 days will be deemed null and void by OAPGG and returned to the applicant.
9. If a Power of Attorney (POA) is signing the form on behalf of the applicant, a letter of proof of Power of Attorney and a copy of the POA's Driver's License must be included with the Self-Exclusion request.
10. All forms must include:
  - a. A copy of the applicant's current driver's license. Expired driver's licenses will not be accepted.
  - b. A current separate photo (taken within the last year) with a clear view of the applicant's face/features. No hats, sunglasses, or other items may be worn in the photo to hinder identification; religious/cultural garments are allowed.
  - c. Applicant signature must be notarized.