



**REQUEST FOR A REPLACEMENT
GAME OPERATOR BADGE**

Official Use Only	
Rcpt#:	_____
Lic #:	_____
Lic. Date:	_____

1. GAME OPERATOR

To be completed by the Primary or Secondary Game Operator seeking a replacement a lost or stolen badge

Licensed Game Operator Type: Operator Primary Secondary

Operator's Name:

First Name	MI	Last Name	Suffix
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Mailing Address:

Street Address/PO Box	City/Town	State	Zip
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Name of Game Operator Employer This Badge Will Be Issued Under:

I hereby request that the New Hampshire Lottery Commission issue me a new identification badge to replace a previously issued badge that was lost or stolen.

Game Operator's Signature

Date

2. SUBMISSION INSTRUCTIONS

Submit this application and a check payable to "NH Lottery Commission" in the amount of \$10.00 to:

New Hampshire Lottery Commission
14 Integra Drive, Concord, NH 03301

QUESTIONS?

Contact the NH Lottery Commission at 603-271-3391. Ask for Games of Chance licensing, or e-mail the licensing unit at licensing@lottery.nh.gov.