

NAME OF ORGANIZATION:

## GBI FORM B08 (Revised 07/01/10)

## GBI BINGO COMPLIANCE FORM FOR YEAR 20\_\_\_

Page 1 of 2

Under Official Code of Georgia Annotated Section 16-12-61 and Rules of the Georgia Bureau of Investigation 92-2-.28 form B-08 must be notarized.

This document ensures that all officers have read and understand GBI Bingo Rules and Regulations. It identifies the persons responsible for bingo operations and provides an avenue for training of new officers.

The GBI Compliance Form shall be signed by all officers and returned to Georgia Bureau of Investigation Bingo Section within 15 days of election.

MAILING A			
I have read/reviewed an	d I understand the fo	llowing documents:	
<ol> <li>GBI Bingo Rule Boo</li> <li>Bingo Annual Repoi</li> <li>Bingo License</li> <li>GBI Personal Histor</li> <li>Federal Income Tax</li> <li>State Income Tax Fe</li> </ol>	rt Form y Form r Forms		
DATE OF ELECTION	N:		
OFFICERS (attach ad	Iditional pages if ne	cessary): Day/Home	
<u>Name</u>	<u>Position</u>	<u>Telephone</u>	Signature of Officers
			·

GBI FORM B08 (Revised 07/01/10)

## **COMPLIANCE QUESTIONS**

Who will be ultimately responsible for the Bingo	Operation for your organization?	
Name ————————————————————————————————————	Signature	
Who will be responsible for the Bingo Operation perform his/her duties?	n when the above named person is unable to	
Name	Signature	
Who will be in charge of the compilation and example 15 <sup>th</sup> of each year?	ecution of the Bingo Annual Report which is due	
Name Who will be in charge of the Bingo License Ren prior to January 1 <sup>st</sup> of each year?	Signature Sewal which shall be filed no later than 60 days	
Name Who will be in charge of training new officers or	Signature n GBI Bingo Rules and Regulations?	
Name	Signature	
Under penalties of making a false statement, I declare that I have my signature below I certify the accuracy of this record to the be	ve examined this document, including any attachments, and by providing est of my knowledge.	
Signature of Organization Officer	Notary Public Name	
Name of Officer (Type or Print)	My Commission Expires	
Title	AFFIX SEAL BELOW	
Date	-	