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.

NAME OF ORGANIZATION: _____

MAILING ADDRESS:_____

_____

I have read/reviewed and I understand the following documents:

1. GBI Bingo Rule Book
2. Bingo Annual Report Form
3. Bingo License
4. GBI Personal History Form
5. Federal Income Tax Forms
6. State Income Tax Forms

DATE OF ELECTION: _____

OFFICERS (attach additional pages if necessary):

Name	Position	Day/Home Telephone	Signature of Officers
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

COMPLIANCE QUESTIONS

Who will be ultimately responsible for the Bingo Operation for your organization?

_____   _____
          Name   Signature

Who will be responsible for the Bingo Operation when the above named person is unable to perform his/her duties?

_____   _____
          Name   Signature

Who will be in charge of the compilation and execution of the Bingo Annual Report which is due April 15th of each year?

_____   _____
          Name   Signature

Who will be in charge of the Bingo License Renewal which shall be filed no later than 60 days prior to January 1st of each year?

_____   _____
          Name   Signature

Who will be in charge of training new officers on GBI Bingo Rules and Regulations?

_____   _____
          Name   Signature

Under penalties of making a false statement, I declare that I have examined this document, including any attachments, and by providing my signature below I certify the accuracy of this record to the best of my knowledge.

_____   _____
Signature of Organization Officer   Notary Public Name

_____   _____
Name of Officer (Type or Print)   My Commission Expires

_____
Title   ***AFFIX SEAL BELOW***

_____
Date