



ICGC RECERT FORM (RC.1)

Today's Date: ____/____/____

The below requested information should be the contact information the applicant wishes the International Certification Board to use regarding all certification matters.

Please print or type all information.

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Home: _____

Fax: _____ Email: _____

Current Occupation: _____

Company: _____

Recertifying for? ICOGS ICGC-I ICGC-II **BACC**

Are you currently licensed Yes No

If yes, please list your licenses or credentials. Indicate numbers and whether they are State or National level.

License/Credential Number State/National

*Please return this update application with all the required documentation, and a check in the amount of \$130.00 to:

The International Gambling Counselor Certification Board
C/o NCPG, Inc.
730 11th Street, NW Suite 601
Washington DC 20001

All inquires should be in writing and forwarded to the address listed above.