NEVADA STATE GAMING CONTROL BOARD

Technology Division

User's Installation of Associated Equipment Approval Request

Location:	Location #:		
Address:			
City:	State:		Zip:
Contact Name:		Title:	
Address:			
City:	State:		Zip:
Phone #:		Fax #:	
Email:			
Type of Associated Equipment:			
GCB #:	Type of Installation:		
Manufacturer:		<u> </u>	
Name / Model:	Version:		
Attached to this approval request are a for regulation waivers. Yes or No	all applicable ir	nternal control syst	tem amendments and/or any requests
Any licensee wishing to install associ DAYS prior to the intended installation			
	User Installat 750 Pilot I Las Vega Fax: 702	nology Division cion AE Request Road, Suite H as, NV 8911 2-486-2241 agcb.nv.gov	
The undersigned, in compliance with equipment. Furthermore the undersig excluding the State's right to participa Gaming Control Board, the Nevada A their individual and representative cap associated with this request, or by any arising out of the submission, investig liabilities, expenses, damages, charge sustained by the persons and agencies	ned hereby agr te, the State of ttorney General pacities from are third party, agration and delibuses and costs, inc	nees to indemnify, Nevada, the Neva Al, and each of their and all claims, so the agencies of this required to the agencies of this required to the agencies of	hold harmless and defend, not da Gaming Commission, the State r members, agents, employees in suits, and actions, brought by anyone or persons named in this paragraph, uest, and against any and all and attorneys' fees, which may be
Printed Name		Title	
Signature of Company Official			Date