

NEVADA STATE GAMING CONTROL BOARD
Technology Division
User's Request for Installation of a System Based, System Supported, or Mobile Gaming System

Location: _____ Location #: _____
Address: _____
Contact Name: _____ Title: _____
Phone #: _____ Fax #: _____
Email: _____
Operator: _____ Operator #: _____
Contact Name: _____ Title: _____
Phone #: _____ Fax #: _____
Email: _____
System Type: _____
GCB Number: _____
Manufacturer: _____
Name / Model: _____ Version: _____

Any licensee wishing to install a system supported, system based, or mobile gaming system must complete and submit this form at least **30 DAYS** prior to the intended installation. The Technology Division will review the material provided and perform a walkthrough prior to the Board granting approval to operate described system.

Attach Description of Installation. All requests must include documentation which fully describes the installation and operation in order to be considered for approval. Information required to be submitted by system type can be found at www.gaming.nv.gov/agency_forms.htm#tech.

I certify that:

- (a) The above and attached information completely describes this request.
- (b) The system installation is in compliance with all applicable Nevada Revised Statutes, Nevada Gaming Commission and State Gaming Control Board Regulations, Technical Standards and Minimum Internal Control Standards.

Printed Name and Title of Location Official

Signature of Location Official Date

Printed Name and Title of Operator Official

Signature of Operator Official Date