



NEVADA GAMING CONTROL BOARD

GAMING DEVICE TRANSACTIONS



TRANSACTION TYPE: **SELECT**

**LICENSEE/SELLER INFORMATION:**

Seller Name:	
Gaming Licensee #:	
Seller Address:	
City, State, ZIP Code:	
Point of Contact Name:	
Phone #:	

**PURCHASER/REQUESTOR INFO:**

Purchaser Name:	
Company Name:	
Purchaser Address:	
City, State, ZIP Code:	
Country Code:	
Phone #:	

**DESTINATION INFORMATION:**

Recipient Name:	
Company Name:	
Address:	
City, State, ZIP Code:	
Country Code:	
Phone #:	

**SHIPMENT INFORMATION:**

Inspection Location Name and Address:	
City, State, ZIP Code:	
Shipment Date:	
Order Reference #:	
Use of Devices:	<b>SELECT</b>
Total Number of Devices:	
Carrier Name:	
Phone #:	

**Comments:**

*Through this submittal, I declare under penalty of perjury that each gaming device, will be used only for lawful purposes. Additionally, I acknowledge that all subsequent distribution of these devices must conform to all local, state, federal and foreign laws.*

\*\*\*An Excel Spreadsheet with this format may be submitted in lieu of the physical template below.

Licensee Location #:

Order Reference #:

#	Manufacturer	Year	Device Description	Serial #	Model #
1					
2					
3					
4					
5					
6					
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Form no longer used contact  
Operations for Instruction 702-486-2224

The completed form shall be submitted via email to: [slots@gcb.nv.gov](mailto:slots@gcb.nv.gov). Questions regarding this form and process should be directed to the Enforcement Division's Operations Unit at (702) 486-2020.