



To:

From:

Date:

Subject:

The _____ following changes beginning on _____

is requesting the authorization of the IEB to make the _____ and until complete: _____

_____ Slot Machine Movement

- Relocation of Existing Slot Machines on the Casino Floor _____
- Relocation from a Storage Location to the Casino Floor _____
- Relocation from the Casino Floor to a Storage Location _____
- Receiving of New Slot Machines to a Licensee's storage area (Shipment) _____
- Installation of New Slot Machines to a Licensee's Casino Floor (Shipment) _____
- Removal / Transport of slot machines from the Licensee's Facility (Shipment) _____

_____ Type of Change (if any)

- Machine Theme Conversion - _____
- Progressive Transfer - _____
- Percentage Change - _____
- Denomination Change - _____
- Other Machine Modification - _____

Description of Modification:



- Does the request involve Progressive Slot Machines? Yes: No:
- Does the request involve Merchandise or a Thing of Value? Yes: No:
- Will a RAM Clear be required? Yes: No:
- Will Game Options be Re-Programmed? Yes: No:
- EFT Enabled? Yes: No:
- Will an Emergency Drop be performed? Yes: No:
- Gaming Device Inspection Required? Yes: No:

Gaming Device Breakdown, after the changes:

The machine breakdown, after the changes, is summarized below:

If progressive contributions are transferred please answer the following:

How many progressive levels are scheduled for transfer? _____

How many progressive levels are available in the new configuration? _____

What are the progressive contribution rates? _____



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Initial Approval

Notification received by: _____

Date _____

Date of Change

For Official Use Only

Evidence Tape Intact (if applicable)? Yes: No: N/A:

Slot Machine Inspection Required? Yes: No:

CCTV Inspection Required? Yes: No:

Approval for Change:

IEB or Designee

Date



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Section to be handled and filled out by Licensee

Certification of Licensee

Progressive Amounts Recorded?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	N/A: <input type="checkbox"/>	_____
				Slot Technician or designee Title Date
Were there any overflow pools?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	N/A: <input type="checkbox"/>	_____
				Slot Technician or designee Title Date
Was the NOC called prior to disabling?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>		_____
				Slot Technician or designee Title Date
Cash Boxes Removed/Replaced?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>		_____
				Cage or Slots designee Title Date
Cash Boxes Transported to the Count room?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>		_____
				Cage or Security designee Title Date
Any locks Installed/Removed?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	N/A: <input type="checkbox"/>	_____
				Locksmith or Security designee Title Date

Signature for a partial approval: _____

**Certification of Completion and
Slot Machine Readiness:**

Slot Shift Manager or Designee Date

**In signing off on this certification the licensee is stating that any and all settings, signatures, liabilities, transfers, approvals, and paper work has been completed at the time of this request.*



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CERTIFICATION OF SURVEILLANCE

I hereby certify that I have reviewed the blueprint depicting the proposed locations for the progressive slot machines requested herein and that the camera coverage for those locations is adequate to afford proper surveillance.

Prior to the machines being opened for play, I will perform the necessary inspections to support my certification.

Director Surveillance / CCTV or Designee Title Date

For Official Use Only

CCTV Coverage Reviewed and
Verified By: _____
IEB or Gaming Agent Designee Date

Approval for Use: _____
IEB or Designee Date

Attachments

- C: MGC – Manager of Gaming Technology
- IEB - Field Manager of Gaming Operations (or his designee)
- IEB – Compliance Manager
- IEB - Senior Supervising Gaming Agent