



To:

From:

Date:

Subject:

The \_\_\_\_\_ is requesting the authorization of the IEB to make the following changes beginning on \_\_\_\_\_ 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
- Installation of New Slot Machines to the Licensee’s Casino Floor (Shipment)
- Removal / Transport of slot machines from the Licensee’s Facility (Shipment)

\_\_\_\_\_ Type of Change (if any)

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

Does the request involve Progressive Slot Machines?                      Yes:                       No:

**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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Number of Gaming positions

Before: \_\_\_\_\_ After: \_\_\_\_\_

Description of Modification (Detailed):

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

Slot Machine Inspection Required? Yes:  No:

**Approval for Change:**

\_\_\_\_\_

IEB or Designee

\_\_\_\_\_

Date



Section to be handled and filled out by Licensee

**Certification of Licensee**

Progressive Amounts Recorded?      Yes:     No:     N/A:

\_\_\_\_\_  
Slot Technician or designee      Title      Date

Were there any overflow pools?      Yes:     No:     N/A:

\_\_\_\_\_  
Slot Technician or designee      Title      Date

Was the NOC called prior to disabling?    Yes:     No:

\_\_\_\_\_  
Slot Technician or designee      Title      Date

Cash Boxes Removed/Replaced?      Yes:     No:

\_\_\_\_\_  
Cage or Slots designee      Title      Date

Cash Boxes Transported to/from Count room?    Yes:     No:

\_\_\_\_\_  
Cage or Security designee      Title      Date

Any locks Installed/Removed?      Yes:     No:     N/A:

\_\_\_\_\_  
Locksmith or Security designee    Title      Date

*Signature for partial approval:*

\_\_\_\_\_  
Slot Shift Manager or Designee      Date

**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

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**Approval for  
Use:**

\_\_\_\_\_  
IEB or Designee

\_\_\_\_\_  
Date

### Attachments

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