

**MISSISSIPPI GAMING COMMISSION  
EGM TITO VERIFICATION SUBMISSION FORM**

***MANUFACTURER / DISTRIBUTOR***

**MANUFACTURER / DISTRIBUTOR INFORMATION**

Manufacturer / Distributor Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Position / Title: \_\_\_\_\_  
 Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Mississippi Manufacturer and/or Distributor License Number: \_\_\_\_\_

**SUBMISSION INFORMATION** (Complete all applicable items.)

Submission Type:	<i>New:</i>	<i>Upgrade:</i>	<i>Modification:</i>	<i>Other:</i>
Authorized MGC testing facility receiving submission:				
Name of EGM Hardware Platform:		Version #	Model #	
Name of EGM Game:				
EPROM (or equivalent) identifier:				
Software version:				
Firmware version:				
Device Type:				
Device Position:				
CRC:				
Ticket Printer Type:				
Ticket Printer Firmware version:				

**NOTE: If above submission is an upgrade or modification, include the most recent approval information below.**

Name of EGM/Game:	Version #	Model #
Approval Date:	MGC Reference #	

***MGC USE ONLY***

I certify that the above information completely describes this submission request for approval and that this software/hardware is intended for the Mississippi Gaming market. I also certify that the software/hardware is in compliance with all applicable Mississippi Gaming Commission Regulations. Certification of software/hardware that is not in compliance with all applicable Mississippi Gaming Commission Regulations shall subject manufacturer/distributor to disciplinary action.

\_\_\_\_\_  
**Authorized Signature**                      **Title/Position**  
 \_\_\_\_\_  
**Date**

MGC Reference #
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**Game Information**

Game name:	
Software details:	
Software version:	
Device type:	
Device Position	
CRC:	
Game type:	
SAS Protocol Version Supported:	
Other Protocol Version(s) Supported:	
Progressive Feature Support:	
Maximum bet (\$):	
Maximum bet (credits):	
Maximum win (\$):	
Maximum number of lines:	
Base credit value(s):	

**Inclusions** (List specific systems with which this submission is to be tested.)

List all the Systems / Equipment to which this submission is to target: **(Attach additional sheets if necessary.)**

Module ID	Functionality	Program Version