

**MISSISSIPPI GAMING COMMISSION  
ASSOCIATED EQUIPMENT SUBMISSION FORM**

**CASINO LICENSEE**

**CASINO LICENSEE INFORMATION**

Licensee Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Position / Title: \_\_\_\_\_  
 Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-mail: \_\_\_\_\_

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

Submission Type:	<i>New:</i>		<i>Upgrade:</i>		<i>Modification:</i>		<i>Other:</i>	
Manufacturer Name:								
Type of System or Associated Equipment:								
Name of System or Associated Equipment:								
		Version #				Model #		
		<i>Use Attachment 1 of this form if additional modules and/or versions are part of above submission.</i>						
<b>Requested Installation Date:</b>								
<i>If internal controls relating to above submission are necessary, you must receive those approvals prior to installation, unless a field trial is required. If required, internal controls must be approved prior to being released from the field trial.</i>								

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

Name of Associated Equipment:								
	Version #				Model #			
Approval Date:								

\_\_\_\_\_  
**Licensee Authorized Signature**

\_\_\_\_\_  
**Title/Position**

\_\_\_\_\_  
**Date**

**MGC Gaming Laboratory Division will complete the section below.**

***MGC STATUS***

**Note to Licensee:** If a field trial is necessary, the Gaming Laboratory Division will notify the manufacturer and casino. As required, a field trial letter will be issued to the manufacturer, identifying the duration and procedures the casino must follow. If determined the field trial procedures should be extended, the Gaming Laboratory Division will notify the manufacturer and casino of the extended trial period.

