

MISSISSIPPI GAMING COMMISSION GAMING LABORATORY

G A M I N G D E V I C E H A R D W A R E R E Q U E S T

Manufacturer's Name _____
Address _____ City _____ State ____ Zip _____
Phone () _____ Fax () _____

Reference Number _____ Requested By _____

Manufacturers Part Number	Version	Specifications

Features Supported:

Description of Device *(attach additional sheets if needed)*:

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

(Authorized Signature)

(Title)

(Date)