

**MISSISSIPPI GAMING COMMISSION
LAYOUT/CHIP/DICE/PLAYING CARD 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:	New:	<input type="checkbox"/>	Modification:	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Manufacturer Name:	_____					
Type:	_____					
Name of Submission:	_____					
Paytable #:	_____	Job #:	_____			
Color:	_____	Denominations:	_____			
Others:	_____					

NOTE: Attach the manufacturer approval

Additional Information:

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.