

**MISSISSIPPI GAMING COMMISSION**  
**EGM CASHLESS 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:	New:		Upgrade:		Modification:		Other:	
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