

VIDEO GAMBLING DEVICE SHIPMENT NOTIFICATION

Montana Department of Justice, Gambling Control Division
2550 Prospect Ave. P.O. Box 201424, Helena, Mt 59620-1424
(406) 444-1971

REPORTING MONTH/YEAR _____

This form is designed for you to provide the Division with the information required by MONT. ADMIN. R. 23.16.1828(3), which states: "(3) Every operator, manufacturer, distributor, route operator, or producer of associated equipment desiring to sell, distribute, lease, or rent video gambling machines must: (b) furnish to the department monthly reports identifying the quantities, serial number, manufacturer and model number of the machine such person destroys, purchases, or sells, and such other information the department may determine is necessary to regulate and control video gambling machines in accordance with the act and these rules. Any person shipping machines to a final destination within the state or shipping machines outside the state from a point within Montana must report such shipments on a monthly basis. All monthly reports under this rule must be filed with the department within 15 days after the end of each required monthly reporting period. The department shall not approve a permit without prior notification of shipment by the machine's manufacturer." Photocopy and attach additional pages if necessary.

SHIPPER INFORMATION

Licensee : _____

Address : _____

Mode of Transportation: _____

Carrier: _____

Carrier Address: _____

License Number: _____

Date Shipped: _____

Arrival Date: _____

Carrier Phone: _____

Check box if Video Gambling Device(s) were destroyed
and attach serial number I.D. Tag(s) to this document.

Date Destroyed: _____

ATTACH A COPY OF BILL OF LADING; IF ONE IS NOT AVAILABLE, ATTACH BILL OF SALE

RECEIVER INFORMATION

Licensee : _____

Address : _____

Destination Address: _____

License Number : _____

Number of
Machines Shipped: _____

CHECK BOX IF THESE MACHINES
HAVE NEVER BEEN LICENSED

	<u>Manufacturer</u>	<u>Serial Number</u>	<u>Model Number</u>	<u>Type of Game(s) Played</u>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

This document consisting of ____ pages will be kept by the State of Montana for information and record. I understand that if this report contains any false information, I may be subject to the criminal penalties of MONT. CODE ANN. § 45-7-202, 45-7-203, 45-7-208. I swear/affirm that this report, each page of which is signed by me, is accurate and complete.

DATE: _____

AUTHORIZED SIGNATURE

PRINT NAME OF PERSON SIGNING