

# APPLICATION TO IMPORT/EXPORT GAMBLING DEVICES or ASSOCIATED EQUIPMENT

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

For Department Use Only

Date Received: \_\_\_\_\_

Audit Review:  N/A

Application to (check one):                      **IMPORT**      **EXPORT**

This form is to be used to apply for department approval to import or export illegal gambling devices/associated equipment or to export legal gambling devices. Such imports/exports are permissible only when approved by an authorized signature below OR by the expiration of five working days following the department's receipt of this application. Except for those applications submitted under Mont. Admin. R.'23.16.2001(5)(a) which are only required to submit import contracts, this application must include all contracts related to the sale of the proposed imports/exports. If a proposed import involves noninstitutional financing to a licensee, Mont. Admin. R.'23.16.120 may require additional disclosures and department approval. If exporting gambling device(s), the applicant must attach written approval from the jurisdiction in which the gambling device(s) will be received.

APPLICANT NAME: \_\_\_\_\_ License Number: \_\_\_\_\_

## PURCHASER INFORMATION

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SELLER INFORMATION

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SHIPPING INFORMATION

Mode of Transportation: \_\_\_\_\_ Proposed Shipment Date: \_\_\_\_\_  
Carrier Name: \_\_\_\_\_ Estimated Arrival Date: \_\_\_\_\_  
Carrier Address: \_\_\_\_\_ Total # of Pieces Shipped: \_\_\_\_\_  
\_\_\_\_\_ Carrier Phone #: \_\_\_\_\_

## DESTINATION INFORMATION

Receiver Name: \_\_\_\_\_  
Destination Address: \_\_\_\_\_

## TERMS OF SALE

(Please check appropriate box):

Is this a cash sale or same as cash sale requiring payment in full within 180 days?                      Yes                      No

## ATTACHMENTS

(Please check appropriate box):

All contracts related to this sale are attached:                      Yes                      N/A

If exporting gambling devices, written approval from the jurisdiction in which  
the gambling devices will be received is attached:                      Yes                      N/A

## ITEMIZE GAMBLING DEVICES or ASSOCIATED EQUIPMENT ON BACK

This application and attachment(s) consisting of \_\_\_\_ page(s) will be kept by the State of Montana for information and record. I understand that if this application 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 application and attachments are accurate and complete.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Department Approval: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_