



VIDEO GAMBLING DEVICE ACQUISITION NOTIFICATION

This form is designed for you to provide the Division with the information required by [A.R.M. 23.16.1828\(3\)](#). Copy and attach additional pages if necessary.

Reporting Month/Year _____

RECEIVER INFORMATION

Operator _____ License Number _____

Arrival Date _____

Address _____ Number of Machines Received _____

SHIPPER INFORMATION

Operator _____ License Number _____

	VGM ID	SERIAL NUMBER	MANUFACTURER	MODEL NUMBER	TYPE OF GAMES PLAYED
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

I understand that if this report contains any false information, I may be subject to the criminal penalties of MCA 45-7-202, 45-7-203, 45-7-208.

I swear/affirm that this report, is accurate and complete.

Authorized Signature

Print Name of Person Signing

Date

Send Completed Form to:
Montana Department of Justice, Gambling Control Division
615 South 27th St., Suite A, Billings, MT 59101
Phone: (406) 896-4300 • Fax: (406) 896-4308
Email: gcd@mt.gov • www.dojmt.gov/gaming/

	VGM ID	SERIAL NUMBER	MANUFACTURER	MODEL NUMBER	TYPE OF GAMES PLAYED
11					
12					
13					
14					
15					
16					
17					
18					
19					
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