



APPLICATION TO IMPORT/EXPORT GAMBLING DEVICES OR ASSOCIATED EQUIPMENT

For Office Use Only

Audit Review
 Yes NA
Approved
 Yes No

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.

GENERAL INFORMATION

Application to: Import Export Reporting Month/Year _____
Applicant _____ License Number _____
Purchaser Name _____
Mailing Address _____
Street, Suite No City State Zip
Seller Name _____
Mailing Address _____
Street, Suite No City State Zip

SHIPPING INFORMATION

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

DESTINATION INFORMATION

Receiver Name _____
Destination Address _____
Street, Suite No City State Zip

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

All contracts related to this sale are attached. Yes NA

If exporting, written approval from the appropriate jurisdiction is attached. Yes NA

The 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 criminal penalties of MCA 45-7-202, 203 and 208. I swear/affirm that this application and attachments are accurate and complete.

Authorized Signature

Print Name of Person Signing

Date

GAMBLING DEVICES ASSOCIATED EQUIPMENT DESCRIPTIONS

VGM ID	SERIAL NUMBER	MANUFACTURER	MODEL NUMBER	TYPES OF GAMES PLAYED
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				

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 Website: www.dojmt.gov/gaming/