



# VGM REPORTING SYSTEM OWNER/OPERATOR REGISTRATION FORM

Montana Department of Justice, Gambling Control Division  
615 South 27th St., Suite A, Billings, MT 59101  
Phone: (406) 896-4300 • Fax: (406) 896-4308

Type or print legibly using blue ink.

Machine owners must file a registration form to register the approved accounting and reporting system for the machines they own and use that system to report machine data to the Division. Once the Division receives the form, it will send the applicant a notice with a PIN and instructions on how to use the system.

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## MACHINE OWNER INFORMATION:

LICENSEE NAME

PHONE NUMBER

ADDRESS

FEDERAL TAX ID NUMBER

CITY, STATE, ZIP CODE

NAME OF CONTACT FOR NOTIFICATIONS  
(Can be an accountant, route operator or bookkeeper, etc.)

ACCOUNT NUMBER (000000-XXX-GOA)

E-MAIL ADDRESS OF CONTACT  
(Additional e-mail addresses should be provided on a separate sheet of paper)

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**MACHINE INFORMATION:** Upon submission and approval of this form, meter readings from all of the machines owned by the applicant and in operation at this location must be reported electronically at the time intervals and using the approved accounting system selected below.

### Accounting System Information:

Please indicate the reporting frequency – weekly or biweekly – and the day of the week meter data will be reported:

Check one:    Weekly    Biweekly                      Check one:    Mon    Tue    Wed    Thur    Fri

Check the box that best explains the accounting system you will be using:

Approved System

Name of System: \_\_\_\_\_

Web Entry

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PRINTED NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_