



# VGM REPORTING SYSTEM

## ROUTE 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.

Activity from Video Gambling Machines, permitted for play, owned by the Route Operator named on this form and in the location listed below, will be reported using the Route Operator's approved automated accounting and reporting system.

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### ROUTE OPERATOR INFORMATION:

NAME

ACCOUNT NUMBER (000000-XXX-MDR)

PHONE NUMBER

CONTACT NAME

E-MAIL ADDRESS OF CONTACT

FEDERAL TAX ID NUMBER

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### LOCATION INFORMATION (A separate form must be provided for each of your locations; however you will attach one spreadsheet.)

NAME

ACCOUNT NUMBER (000000-XXX-GOA)

PHONE NUMBER

CONTACT NAME

E-MAIL ADDRESS OF CONTACT

FEDERAL TAX ID NUMBER

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**MACHINE INFORMATION:** Please enter applicable VGM information on the spreadsheet provided by the Division and submit it electronically, via e-mail.

**Please indicate the frequency and day of week the 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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### Authorization for Filing: VGM Permit Applications and Letters of Withdrawal.

I, \_\_\_\_\_, (printed name of an authorized signer for the above location) hereby authorize the above Route Operator to file machine Permit Applications and Letters of Withdrawal for the machines listed that he/she owns, to be placed in my establishment.

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

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