



VIDEO GAMBLING DEVICE DESTRUCTION FORM

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.

GENERAL INFORMATION

Licensee _____

Address _____

License Number _____ Destruction Date _____

Staple a copy of the serial number I.D. tag(s) to this form. Do not send original tags.

	VGM ID#	Serial Number	Model Number
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

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.

Signature _____

Print Name _____

Date _____

Please mail complete form and required documents to:

Gambling Control Division
615 South 27th St., Suite A, Billings, MT 59101
www.dojmt.gov/gaming