ST CENERAL AUSTRA	Form 50 Revised 7.2023				
VIDEO GAMBLING MACHINE MALFUNCTION FORM					
This form is to be filled out and submitted to the department within 24 hours of any suspected or confirmed software or hardware malfunctions per ARM 23.16.1903.	Office Use Only □ Valid Ticket Voucher □ Invalid Ticket Voucher				
(Note: Attach to this form the VGM audit ticket, a copy of the ticket voucher in question, if applicable, and any supporting statements or documentation.)	Follow-Up Contact Operator VGM Owner Player				
Establishment Name (DBA)					
Operator Number GOA Manager on Duty					
Contact Name					
Phone Email_					
VGM Owner Name (DBA) VGM Owner ID MDR <u>OR</u> Same as GOA					
Contact Name					
Player Name					
Phone Email					
Mailing Address					
Street, Suite No	City State Zip				
Please provide a detailed description of the perceived malfunction including Game Title being played:					

Was the Ticket Voucher printed? If <i>yes</i> , was the Ticket Voucher paid? If <i>no</i> , was the player paid via hand-pay' If <i>yes</i> , amount paid: \$ Was the machine immediately suspended Audit Ticket attached. Copy of Ticket Voucher in question attach	from play?	Yes Yes Yes Yes	No No No	Form 50 Revised 7.2023
When was the machine owner contacted? *(If machine owner is different than GOA)*	Date		Time	
Machine Information				
MACHINE MANUFACTURER/MODEL				
VGMID/SERIAL NUMBER				
PROGRAM NUMBER (SEE AUDIT TICKET)				

MECHANICAL READINGS AT TIME OF SERVICE ELECTRONIC READINGS AT TIME OF SERVICE

IN	
PLAYED	
Won	
Paid	

IN	
PLAYED	
WON	
Paid	
CURRENT	
CREDITS (IF	
Available)	

I certify that this information is true and correct.				
Authorized Signature (GOA or Machine Owner)	Print Name of Person Signing	Date		
	supporting documents, within 24 hours of the or confirmed malfunction, to:			
615 South 27th S Phone: (406) 89	t of Justice, Gambling Control Division t., Suite A • Billings, MT 59101 16-4300 • Fax: (406) 896-4308 gov • www.doimt.gov/gaming/			