FORM 50A
REVISED 5.2024

VIDEO GAMBLING MACHINE MANUFACTURER MALFUNCTION FORM

CLEAR FORM

This form is to be filled out and submitted to the department within 24 hours of a software or hardware malfunction being confirmed by the VGM manufacturer.

Date malfunction was discovered:_____

Is malfunction hardware related? Yes ☐ No ☐

If yes, model(s) affected:_____

Is malfunction software related? Yes ☐ No ☐

If yes, program version(s) affected:_____

If game related, game title(s) affected:_____

If game related, require game(s) to be disabled? Yes ☐ No ☐

Was a notification sent out to VGM owners/operators? Yes ☐ No ☐

If yes, provide a copy to the department.

Please provide a detailed description of the hardware/software malfunction and the steps to recreate:

VGM Manufacturer Name:_____

VGM Manufacturer ID:_____ - ____ - MDR

_____ _____

Name Date

Please submit form, service bulletin if applicable, and any supporting statements or documentation, within 24 hours of the malfunction being confirmed, to:

Montana Department of Justice, Gambling Control Division
1805 Prospect Ave. ● PO Box 201424 ● Helena, MT 59601
Phone: (406) 896-4300 ● Fax: (406) 896-4308
Email: gcdlab@mt.gov ● www.dojmt.gov/gaming/