

MANUFACTURER'S ACCESS LIST
Montana Department of Justice/Gambling Control Division
(Print or Type)

Manufacturer's Name

Date

Manufacturer's Account Number
(000000-000-XXX)

PERSONS AUTHORIZED TO COMMUNICATE ON BEHALF OF THE LICENSEE FOR MACHINE TESTING PURPOSES

Name

Position

E-mail Address

Voice Number

I affirm that only the person(s) identified above are authorized to discuss and/or modify our devices and/or modifications in/with/for the Gambling Control Division, Technical Services Section personnel. I acknowledge it is the responsibility of the licensee to remit an updated Access List when any changes occur. Access Lists must be signed and dated by the licensee or officer of a corporation.

Signature of Licensee/Officer

Printed Name of Signer

Title

Date