



TLS Submittal For Evaluation Form
Washington State Gambling Commission
Electronic Gambling Lab

4565 7th Ave SE
 Lacey, Washington 98503
 Phone 360-486-3504
 Fax 360-486-3627

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| Submission # |
|--------------|

(For EGL Purposes Only)

Mailing Address
 PO Box 42400
 Olympia, WA 98504-2400

| | | |
|----------------------|-------------------------|---|
| Manufacturer: | Submission Name: | Unique Manufacturer Identification: (REQUIRED – 20 character max) |
| | | |

Check One That Applies:

- Submission will replace existing approved component or game.
- Replacement for an already submitted but not approved submission.
What is the submission #? _____
- Emergency
- Others W/Patent or Financial Interest in Game:**
List below, use additional sheets if necessary.

Standard to be tested under:

- Appendix X Review
- Appendix X2 Review
- Appendix Y/Colville Review

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| DESCRIPTION |
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Contact Information:

| Contact Name | Phone | Fax | Email |
|--------------|-------|-----|-------|
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Note: To expedite the evaluation of this submission be sure this form is filled out in its entirety AND include all software, hardware, and any related components.