

WASHINGTON STATE GAMBLING COMMISSION LOCATION: 4565 7th Avenue SE, Lacey WA 98503 MAILING ADDRESS: P.O. Box 42400, Olympia WA 98504-2400 TELEPHONE: 360-486-3440 / FAX NUMBER: 360-486-3631 TOLL-FREE: 1-800-345-2529 / WEBSITE: www.wsgc.wa.gov

NEW OR UPGRADED ELECTRONIC OR MECHANICAL EQUIPMENT / SOFTWARE DEPOSIT REQUIRED \$2,000

INSTRUCTIONS

- You must be licensed and all electronic or mechanical equipment (including software) must be reviewed and approved by the Gambling Commission before being sold, rented or otherwise supplied to licensed gambling operators or Class III gaming facilities in Washington State. This does not apply to electronic raffle equipment when submitted to us in compliance with WAC 230-11-305.
- Please submit one form and checklist, if applicable, for the equipment or software version to be reviewed. Please send the form, checklist, if applicable, associated documentation and media to the mailing address list above ATTN Gambling Equipment Team.
- The application deposit for the review of each submission is \$2,000.00. You must pay this application
 deposit before we perform the review. The commission may assess additional amounts to cover
 inspection, testing, and investigative costs as allowed by law. These costs, which may be higher than
 the application deposit, will be determined by our staff and are required to be paid prior to the completion
 of the review. (Washington Administrative Code (WAC) 230-06-050)
- Make check payable to the Washington State Gambling Commission.
- If you are submitting an upgrade, you may omit information previously submitted using this form. In doing so, you are certifying that the information previously provided has not changed.
- Group 12 Amusement Games should be delivered at the time of application submission.
- Electronic raffle system manufacturers must submit a letter from an Independent Testing Lab (ITL) indicating the electronic raffle system has been tested by an ITL and found to be compliant with GLI-31 and all rules and laws related to electronic raffles. Specifically, WAC's 230-11-305, 230-11-310, 230-06-050 and 230-06-035. The electronic raffle systems will be tested for approval at home game authorized location.
- Do not send other gambling equipment with this application. We will contact you regarding delivery instructions.
- The equipment submitted for review must be identical or substantially similar to what will be marketed, distributed, and deployed. If the equipment is not sufficient for testing and review, we may require additional equipment or information.
- We may require technical support staff to install, configure, and support the equipment / software, if needed.
- If your application is incomplete or we request additional information, you must provide us with the required items within 30 days of notification or we may administratively close your application. If you submit a Group 12 Amusement Game, you must provide the requested items within 14 days.
- The rules that are applicable to this review can be found on our website (https://app.leg.wa.gov/WAC/default.aspx?cite=230). Specifically, WACs 230-03-200, 230-05-142, 230-06-035, 230-06-050, 230-11-305, 230-11-310, and 230-13-010.

YOUR APPLICATION AND THE PUBLIC RECORDS ACT

From the moment we receive your application, it becomes a public document subject to disclosure under the Public Records Act (RCW 42.56) and other Washington laws. The Commission may disclose to the public, other state or federal agencies, or discuss at a public meeting all information set forth in this application and all supplemental information submitted.



WASHINGTON STATE GAMBLING COMMISSION LOCATION: 4565 7th Avenue SE, Lacey WA 98503 MAILING ADDRESS: P.O. Box 42400, Olympia WA 98504-2400 TELEPHONE: 360-486-3440 / FAX NUMBER: 360-486-3631 TOLL-FREE: 1-800-345-2529 / WEBSITE: www.wsgc.wa.gov

NEW OR UPGRADED ELECTRONIC OR MECHANICAL EQUIPMENT / SOFTWARE

DEPOSIT REQUIRED \$2,000

FOR SYSTEMS WITH MULTIPLE GAMES, USE ONE INFORMATIONAL FORM FOR EACH GAME: Attachment A: Persons Who Will Receive Some Portion of Any Marketing Revenues (GC4-303a)

<u>Please provide the official name of the equipment / software you wish to have approved:</u>

Equipment / software:										
	rersion numbers of systems and soft	ware.								
Complete the submission checklist, if applicable for the type o Equipment / software with a checklist will have a GC4-XXX no										
 Electronic Bingo Card Dauber (GC4-326) Shuffler (GC4-327) 	Ticket In Ticket Out (TITO) Sy equipment	stem or associated								
Table Games Progressive System (GC4-328)	Electronic Raffle System *									
Group 12 Amusement Game (GC4-329)	☐ New Authorized Home Game	Location – Approved								
☐ Display (GC4-330)	Electronic Raffle System *									
* Electronic Raffle Systems / New Authorized Home Ga submission checklist is required at the time of application send a list of testing items and questions related to the sub-	However, upon receipt of the applic	5								
 Indicate which market you plan to solicit your gambling ed 										
□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □										
2. Name of Company:		······································								
 Are you already licensed with Washington State Gamblin 	Commission?									
☐ Yes License Number:	T J									
□ No You must be licensed prior to marketing and	 istributing the equipment if the equir	oment is approved.								
4. Who owns the rights to the equipment / software?	5 11 11									
Last Name:										
	!!!!!!!									
First Name:	!!!!!!!!									
Middle Name:										
Mailing Address:										
City:	State: Zip):								
Phone Number: _ _ _ _ _ _ _ _ _ _ _										
5. Is this equipment / software identified by any other name()?									
Yes No If YES , what is / are the oth	r name(s)?									
Agency Use Only:										
Code: 211-72 Date: Amt: \$	Val #:									
/ ιι. ψ	va //.									

6.	Is this a modification of existing equipment (including software)?												
	If YES, list the versions WSGC previously approved, dates approved, and list the changes from the most recently approved version to the proposed version.												
7.	Is this a replacement for existing equipment (including software)?												
	If YES, list the existing equipment to be replaced.												
8.	Is the equipment and accompanying rules in compliance with the Tribal-State Compact, Revised Code of Washington (RCW), and Washington Administrative Code (WAC)?												
	If NO, list the specific cites of non-compliance.												
9.	Has this equipment or version of the software been denied, withdrawn, or revoked in any jurisdiction?												
	If YES, please state the jurisdiction.												
10.	Are there any features in the version submitted that will need to be disabled in Washington that are currently approved and in use in other jurisdictions?												
	If YES, please list the features to be disabled and why they will be disabled.												
11.	What is your legal right to the equipment or software?												
	a. I invented it. Enclose a copy of your patent, copyright, and trademark documents.												
	 b. I have the written, legal rights to market this equipment or software. > Enclose a copy of the contract that allows you to market this equipment or software. > Enclose a copy of the contract from the inventor allowing this equipment or software to be marketed. 												
	c. Are you currently seeking a patent / copyright / trademark?												
	Yes, enclose copies of all documents associated with the patent / copyright / trademark applications(s).												
	No.												
12.	Will other parties supply material, layouts, or equipment / software required to play the game?												
	Yes No If YES, provide names and addresses of those parties, companies, or concerns.												

13.	3. Is there legal action or litigation underway that would affect the ownership of this equipment or software, or affect your rights to market this product in Washington State?												e, or							
	Yes] No	If YES	S , descri	be the	nature	e of t	he a	ctior	n on	a se	para	ate sl	hee	t of p	bape	er.			
				🗌 End	closed			J/A												
14.	. Is this equipmer	nt or softw	ware curi	rently be	ing ope	erated	and	l/or li	cen	sed	outsi	ide V	Vash	ning	ton S	State	?			
	Yes] No	If YES	S , provid	e a list	of all	locat	tions	on	a se	para	te sł	neet	of p	ape	r.				
				🗌 End	closed			I/A												
15.	. Is this equipmer	nt or softw	ware curi	rently be	ing pla	yed at	t Trik	bal ca	asin	os ir	nside	e Wa	shing	gtor	n Sta	ite?				
	Yes] No	If YES	3 , provid	e a list	of tho			te lo	catio	ons o	on a	sepa	arate	e sh	eet o	of pa	per.		
				🗌 End	closed			J/A												
16.	16. On the provided attachments (Attachment A: Persons Who Will Receive Some Portion of any Marketing Revenues (GC4-303a), Attachment B: Location(s) Where the Game / Equipment is Manufactured (GC4-303b), and Attachment C: Location(s) Where the Game / Equipment is Stored (GC4-303c)), specify each location where the equipment or software is manufactured, assembled, and stored. Further, name all entities, parties or persons that will benefit / share in any proceeds derived from the operation of this equipment or software. Start with yourself and your spouse. Feel free to duplicate the worksheet to accommodate all persons and spouses involved.																			
17.	. Provide the follo	wing info	ormation	for your	equipr	nent:														
	□ A copy of d operational																e, a	nd a	ill o	f the
	If equipment to currently																			nade
	□ Any and all	PINs, pa	sswords	or login	informa	ation p	oerta	ining	g to t	the e	equip	omer	nt/s	oftw	/are;					
	□ A copy of ar	ny indepe	endent la	b report	(s) ass	ociate	d wit	th the	e eq	uipn	nent	or so	oftwa	are;						
	□ A copy of all	Imathem	natical ar	nalysis a	nd labo	oratory	/ app	prova	als a	s ap	prop	oriate	;							
	A statement	of the ap	oplicant's	s and the	e devel	oper's	inte	nt as	s to j	pate	nts /	cop	yrigh	ts /	trad	ema	rks;			
	□ A list of co address, tel									ıy di	iscus	s th	is si	ubm	nissio	on.	Inclu	de a	a na	ame,
	☐ For electror compliance																g la	ıb ir	ndica	ating
	Ensure that all required documentation is included with this application																			
INF	FORMATION RE	GARDI	NG THE	PERS	ON CO	MPL	ETIN	IG T	HIS	FO	RM:									
Las	st Name: ¦	 _	 	 	 	 	I	 	I		 		I_	I		I	I	I		¦
Fire	st Name:	I I -II	 	 	 	 	 	 			 			I		I	 	I		¦
Mic	ddle Name:	I I	I I II	I I II	I I 	I I	I I	 				I		I		I	I			
	e / Position /																			
	lationship to Com	pany:	Ii	ii	.ii			ii			ii	İ.	i_	I						iI
Ма	iling Address:	l	 _	 	 	 	 	 			 		_	 		 	 	I		iI
City	y:	 	 		 _	 	 	 	_	_ S	tate:		 .	2	Zip:	 	 	I		l
Tel	ephone:	!I-I	 _	_ - ¦_					Fax	:	_	 	_ -	 	 	-	I	 		
E-N	/lail Address:	 	 _	I I II	 		 		 			!		I	 	I	 	 		I
	@	¦	 _	 	 		I	 			 	 l.	 _	I	I	I	I	 		