



## 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  
IN-STATE TOLL-FREE: 1-800-345-2529  
WEB SITE: [www.wsgc.wa.gov](http://www.wsgc.wa.gov)

### NEW OR UPGRADED ELECTRONIC OR MECHANICAL EQUIPMENT / SOFTWARE

**DEPOSIT REQUIRED \$2,000**

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#### 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.
  - Please submit one form and checklist, if applicable, for each piece of equipment or software version to be reviewed.
  - 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.
  - 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 ([link](#)). Specifically, WACs 230-03-200, 230-05-005, 230-06-050, and 230-13-010.
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#### 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.



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**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)**

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

Equipment / software: \_\_\_\_\_  
*Be sure to include version numbers of systems and software.*

Complete the submission checklist for the type of equipment / software.

- Electronic Bingo Card Dauber (GC4-326)
- Shuffler (GC4-327)
- Table Games Progressive System (GC4-328)
- Group 12 Amusement Game (GC4-329)
- Display (GC4-330)

1. Indicate which market you plan to solicit your gambling equipment: (Mark all that apply)

- Tribal
- Commercial
- Nonprofit
- Other: \_\_\_\_\_

2. Name of Company: \_\_\_\_\_

3. Are you already licensed with Washington State Gambling Commission?

- Yes: License Number: \_\_\_\_\_ - \_\_\_\_\_
- No: You must be licensed prior to marketing and distributing the equipment if the equipment is approved.

4. Who owns the rights to the equipment / software?

Last Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Middle Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

5. Is this equipment / software identified by any other name(s)?

- Yes  No **If YES, what is / are the other name(s)?**
- \_\_\_\_\_
- \_\_\_\_\_

Agency Use Only:			
Code: 211- 72	Date: _____	Amt: \$ _____	Val #: _____

6. Is this a modification of existing equipment (including software)?

- Yes       No       N/A

**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)?

- Yes       No       N/A

**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)?

- Yes       No       N/A

**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?

- Yes       No       N/A

**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?

- Yes       No       N/A

**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.  
 Enclosed       N/A







**INFORMATIONAL ATTACHMENT C  
FOR NEW ELECTRONIC GAMES  
AND NEW PROPRIETARY GAMES / EQUIPMENT**

Applicant: |\_\_\_\_\_|

**LOCATION(S) WHERE THE GAME / EQUIPMENT IS STORED**

Total Number of Locations: |\_\_\_\_\_|

***Feel free to duplicate this page to include all names and locations where the game / equipment is stored.***

➤ Location # |\_\_\_\_\_|

Name: |\_\_\_\_\_|

Use Full Name, Corporate or Partnership Name

Business

Mailing Address: |\_\_\_\_\_|

City: |\_\_\_\_\_| State: |\_\_\_\_\_| Zip: |\_\_\_\_\_|

Telephone:

Primary: |\_\_\_\_\_|-|\_\_\_\_\_|-|\_\_\_\_\_| Message: |\_\_\_\_\_|-|\_\_\_\_\_|-|\_\_\_\_\_|

• Trade Name: |\_\_\_\_\_|

Premise Address: |\_\_\_\_\_|

Street Address

City: |\_\_\_\_\_| State: |\_\_\_\_\_| Zip: |\_\_\_\_\_|

Telephone:

Primary: |\_\_\_\_\_|-|\_\_\_\_\_|-|\_\_\_\_\_| Message: |\_\_\_\_\_|-|\_\_\_\_\_|-|\_\_\_\_\_|

E-Mail Address: |\_\_\_\_\_|

@ |\_\_\_\_\_|

➤ Location # |\_\_\_\_\_|

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E-Mail Address: |\_\_\_\_\_|

@ |\_\_\_\_\_|