



Tribal Only Equipment Form (Non-TLS)

Washington State Gambling Commission

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

Mailing Address
Attention Tribal Gaming Unit
PO Box 42400
Olympia, WA 98504-2400

Submission #

DEPOSIT REQUIRED \$2,000

Manufacturer:	Equipment Name:	Version Number(s):
Currently Licensed in WA? <input type="checkbox"/> YES <input type="checkbox"/> NO	List License Number(s) Below:	Tribe(s) interested in product:

Check One That Applies:

- New equipment
- Submission will replace existing approved equipment
- Replacement for already submitted but not approved
- Equipment. Emergency - Compliance Issue in Field

Standard to be tested under:

- Table Games
- Keno
- Shuffler
- Display board/reader

Check off and include all applicable documentation listed below with this form:

- User documentation and manuals
- An Independent Test Lab (ITL) certification for Washington
- Certification regarding Electromagnetic Interference (EMII), Radio Frequency Interference (RFI)
- Magnetic Interference, liquid spills, power fluctuations and environmental conditions provided by the ITL.
- Math analysis (completed by manufacturer or done by an Independent Test Lab)
- Rules of play
- Paytables for all games played on the device
- List of games that can be played using the equipment
- Sample layout/or images of electronic layout
- Sample betting spots
- IP/trademark/copyright information
- Submission fee of \$2000 as required by SGA
- Letter of Interest from Tribe intending to purchase product

LICENSING INFORMATION:

What is your legal right to the equipment or software?

- I invented it. Enclose a copy of your patent, copyright, and trademark documents.
- 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.

Does any third party provide names, images, artwork, or associated copyrights, trademarks, or patents?

- Yes No

Does any third party provide any software, source code, or content?

- Yes No

Does any third party provide any software or source code that includes math, even if it's just a conversion for WA?

- Yes No

Does any third party receive any royalties or payments associated with this equipment?

- Yes No

***If your answer is Yes to any of the above questions, please provide a detailed explanation and financial details on additional sheets of paper.**

Contact Name	Phone	Email

NOTE: To expedite the testing and evaluation of this equipment be sure this form is filled out in its entirety. Please ensure all required documentation is provided at the time of submission including the \$2000 deposit. Please submit all software, hardware, and any related components. Please coordinate all equipment delivery with the Electronic Gambling Lab at EGL@wsgc.wa.gov

If applicable, please enclose the below listed forms:

GC4-303A – Persons who will receive some portion of any marketing revenues

GC4-303B – Location (s) Where the Game/Equipment is Manufactured

GC4-303C – Location (s) Where the Game/Equipment is Stored

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

Applicant: |_____|

PERSONS WHO WILL RECEIVE SOME PORTION OF ANY MARKETING REVENUES

Total Number of Persons: |_____|

Feel free to duplicate this page to include all parties who will benefit / share in the proceeds.

➤ Person # |_____|

Last Name: |_____|

First Name: |_____|

Middle Name: |_____|

Birthdate: |_____| / |_____| / |_____|

• Spouse:

Last Name: |_____|

First Name: |_____|

Middle Name: |_____|

Birthdate: |_____| / |_____| / |_____|

➤ Person # |_____|

Last Name: |_____|

First Name: |_____|

Middle Name: |_____|

Birthdate: |_____| / |_____| / |_____|

• Spouse:

Last Name: |_____|

First Name: |_____|

Middle Name: |_____|

Birthdate: |_____| / |_____| / |_____|

**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 # _____

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: _____

@ _____