

# TLS Submittal for Evaluation Form



## Washington State Gambling Commission Electronic Gambling Lab

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Lacey, Washington 98503  
Phone 360-486-3504  
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**Mailing Address**  
PO Box 42400  
Olympia, WA 98504-2400

**Submission #**

(For EGL Purposes Only)

<b>Manufacturer:</b>	<b>Submission Name:</b>	<b>Unique Manufacturer Identification:</b> (REQUIRED – 20 character max)
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### 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

Name of the Casino interested in this product (New technology and/or System Components ONLY):

<b>DESCRIPTION</b>
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### **Contact Information:**

Contact Name	Phone	Email

**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.