



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.
- 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.



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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)
- Electronic Raffle System *
- New Authorized Home Game Location – Approved Electronic Raffle System *

* Electronic Raffle Systems / New Authorized Home Game Location – Approved Electronic Raffle Systems: No submission checklist is required at the time of application. However, upon receipt of the application and fees, we will send a list of testing items and questions related to the submission.

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

13. 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?

- Yes No **If YES**, describe the nature of the action on a separate sheet of paper.
 Enclosed N/A

14. Is this equipment or software currently being operated and/or licensed outside Washington State?

- Yes No **If YES**, provide a list of all locations on a separate sheet of paper.
 Enclosed N/A

15. Is this equipment or software currently being played at Tribal casinos *inside* Washington State?

- Yes No **If YES**, provide a list of those in-state locations on a separate sheet of paper.
 Enclosed N/A

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 following information for your equipment:

- A copy of detailed technical materials / diagrams associated with the equipment / software, and all of the operational procedures / manuals, including relevant hardware and / or software manuals;
- If equipment / software is an upgrade to currently approved equipment / software, document changes made to currently approved equipment / software, what components are affected by the change / upgrade;
- Any and all PINs, passwords or login information pertaining to the equipment / software;
- A copy of any independent lab report(s) associated with the equipment or software;
- A copy of all mathematical analysis and laboratory approvals as appropriate;
- A statement of the applicant's and the developer's intent as to patents / copyrights / trademarks;
- A list of contacts with whom the Gambling Commission may discuss this submission. Include a name, address, telephone number and e-mail address (if available).
- For electronic raffle systems, include a certification letter from an independent testing lab indicating compliance with GLI-31 and the rules and laws of Washington State for electronic raffles.

Ensure that all required documentation is included with this application

INFORMATION REGARDING THE PERSON COMPLETING THIS FORM:

Last Name: |_____

First Name: |_____

Middle Name: |_____

Title / Position /
Relationship to Company: |_____

Mailing Address: |_____

City: |_____ State: |_____| Zip: |_____

Telephone: |_____|-|_____|-|_____| Fax: |_____|-|_____|-|_____|

E-Mail Address: |_____ @ |_____

**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 B
FOR NEW ELECTRONIC GAMES
AND NEW PROPRIETARY GAMES / EQUIPMENT**

Applicant: _____

LOCATION(S) WHERE THE GAME / EQUIPMENT IS MANUFACTURED

Total Number of Locations: _____

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

➤ 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: _____

@ _____

**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: _____

@ _____
