



Disposal or Out-of-State Sale of Video Lottery Terminal

This form may be completed on-line or printed for hard-copy use. Operator must complete the information in sections 1, 2 and 3 on this form for each machine being sold out-of-state or being submitted for disposal, in compliance with ARSD 48:02:09:06 and Declaratory Ruling 95-1.

DIRECTIONS:

- 1.) Operator **MUST** call the Operations Center (**605-773-5793**) to have the terminal disabled by the state central computer.
- 2.) Operator will submit this form either by **fax to 605-773-6218** or by **mail to South Dakota Lottery, P.O. Box 7107, Pierre, SD 57501**
- 3.) Please allow for a minimum of at least 10 working days prior to shipment or destruction date to arrange date for final inspection.
- 4.) Inspector will perform final inspection and forward the form to the Pierre Lottery office.
- 5.) Bill of Sale must be enclosed (if machine is sold).

<p>[1] TERMINAL INFORMATION</p> <p>Manufacturer Name: _____</p> <p>_____</p> <p style="text-align: center;">Serial Number Terminal I.D. Permit Number</p> <p style="text-align: center;"><u>HARD METER READINGS</u></p> <p>Bills/Coins In: _____ / _____ Cash Out: _____</p> <p>Credits Played: _____ Credits Won: _____</p>	<p>[2] OPERATOR INFORMATION</p> <p>Name: _____ Lic. #: _____</p> <p>City: _____ Phone: _____ Ext: _____</p> <p>Reason for terminal removal from system:</p> <p><input type="checkbox"/> Disposal</p> <p><input type="checkbox"/> Sale out-of-state</p> <p><input type="checkbox"/> Other: _____</p> <hr/> <p style="text-align: center;">CARRIER</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p>
<p>[3] RECEIVER (if sold out-of-state) OR DESTRUCTION LOCATION</p> <p>Name: _____</p> <p>Business: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Phone: _____ Ext: _____</p> <p>Proposed date ____ / ____ / ____ of:</p> <p><input type="checkbox"/> Shipment <input type="checkbox"/> Destruction</p>	<p>[4] INSPECTOR CHECK LIST Initials</p> <p>1. Call operations center (773-5793) to insure terminal was properly disabled. _____</p> <p>2. Serial #: _____ _____</p> <p>3. Permit License #: _____ _____</p> <p>4. Any reference to South Dakota _____</p> <p>5. Game E-Proms _____</p> <p>6. Witness if destroyed _____</p> <p>7. Method if destroyed _____ _____</p>
<p>Operator Signature: _____</p> <p>Date: ____ / ____ / ____ <i>Attach audit ticket</i></p>	<p>Inspector Signature: _____</p> <p>Date: ____ / ____ / ____ <input type="checkbox"/> Check here if Bill of Sale is enclosed (if sold out of state)</p>

Inspector Comments:
