

MACHINE REGISTRATION AND TRANSPORTATION

YOU MUST COMPLETE THE INFORMATION ON THIS FORM IN YOUR DESIGNATED AREA FOR EACH MACHINE TRANSPORTED IN COMPLIANCE WITH ARSE 48:02:09.

AN ORIGINAL FORM MUST ACOMPANY EACH MACHINE. PLEASE TYPE OR PRINT CLEARLY.



MANUFACTURER:

(Name) (SD Video License No.)

(Address)

(Telephone) (MFG Date)

MACHINE INFORMATION

Check type of game(s) below:

___ Poker ___ Keno ___ Black Jack ___ Line-up ___ Mult. Games

(Serial Number) (Model Number) (Terminal ID Number, HEX form)

MECHANICAL METER READINGS

(Cash Out) (Cash In) (Credits Played) (Credits Won)

(Date Shipped)

MANUFACTURER: AFTER COMPLETING THE ABOVE INFORMATION, RUN AN AUDIT. ATTACH THE TICKET TO YOUR COPY OF THIS FORM AND RETAIN BOTH FOR YOUR RECORDS. PLACE ORIGINAL FORM WITH REMAINING COPIES INSIDE THE MACHINE BEFORE TRANSPORTING.

DISTRIBUTOR:

(Name) (SD Video License No.)

(Address)

(Telephone)

MECHANICAL METER READINGS

(Cash Out) (Cash In) (Credits Played) (Credits Won)

(Date Shipped)

— Yes, the Serial Model and Terminal ID numbers match those stated by the manufacturer. If a discrepancy is found reconcile it with manufacturer. Initial changes on the form and instruct manufacturer to note changes on its copy.

DISTRIBUTOR: AFTER COMPLETING THE ABOVE INFORMATION, RUN AN AUDIT. ATTACH THE TICKET TO YOUR COPY OF THIS FORM AND RETAIN BOTH FOR YOUR RECORDS. PLACE ORIGINAL FORM WITH REMAINING COPIES INSIDE THE MACHINE BEFORE TRANSPORTING.

OPERATOR:

(Name) (SD Video License No.)

(Address)

(Telephone)

MECHANICAL METER READINGS

(Cash Out) (Cash In) (Credits Played) (Credits Won)

(Date Arrived)

OPERATOR: AFTER COMPLETING THE ABOVE INFORMATION, RUN AN AUDIT TICKET. ATTACH THE TICKET TO YOUR COPY OF THIS FORM AND RETAIN BOTH FOR YOUR RECORDS. PLACE ORIGINAL COPY IN THE MACHINE PRIOR TO PLACING THE MACHINE IN AN ESTABLISHMENT LOCATION. SEND FORM TO THE LOTTERY VIA EMAIL AT VIDEOLOTTERY@STATE.SD.US OR FAX TO 605-773-6218.

Inspector Section

(Machine Inspected By) (Date Inspected)

MECHANICAL METER READINGS

(Cash Out) (Cash In) (Credits Played) (Credits Won)

PERMIT NUMBER: _____ Yes. Eproms sealed.

LOTTERY OFFICE USE ONLY:

ESTABLISHMENT LOCATION: _____
(Name of Establishment)

(Street Address)

(SD Video License Number) (City/Town)

(Date Installed) (Date Added)