## PRODUCT INSTALL/UPGRADE/TEST

## NOTIFICATION FORM

|  |  |  |  |
| --- | --- | --- | --- |
| Licensee Name: | | Date: | |
| Licensee Address: | | | |
| **Name and Title of Contact Person:** | | | |
| Telephone Number & Email Address: | | | **Fax Number:** |
|  | | | |
| **Intent to: Install Upgrade Test** | | | |
| **Name of Product Vendor:** | | | |
| **Name of Install Technician(s)/License #/Company:** | | | |
| **Product Name and Version Number:** | | | |
| **If this is an upgrade, indicate new version and/or modules:** | | | |
| **Type of product, module or system hardware/software to be tested, installed or upgraded (SMIB, slots, cage, pit, ticketing, kiosk, electronic, imaging):** | | | |
| **Anticipated Installation or Upgrade Date:** | | | |
| **Indicate go live and/or test date:** | | | |
| **Has the Phase I Approval Letter been reviewed? Yes No** | | | |
| **(Kiosk Only) Has the kiosk been tested and certified by the testing lab for use with the casino’s version of the slot monitoring system? Yes No** | | | |
| **(Kiosk only) Does the company that you purchased the kiosk from, have the appropriate license (Manufacturer/Distributor)? Yes No** | | | |
| **Have you forwarded an electronic Copy of Phase 1 Approval Letter, (GLI/BMM) letter, to the Division?**  **Yes No If No, please submit. If N/A, please explain.** | | | |
| **(Kiosk Only) Number of Kiosks to be upgraded:** | | | |
| **(Kiosk Only) If more than one, will one be upgraded and tested before upgrading the remaining?** | | | |
| **(Kiosk Only) Do any of the Kiosk(s) have ATM functionality?**  **If YES, are EBT transactions disabled?** | | | |
| **(Kiosk Only) Are any promotional features/settings enabled on the Kiosk for patrons to access? e.g. Points to Cash with the use of a players card.** | | | |
| **FOR DIVISION USE ONLY** | | | |
| Notification Received By: | **Date:** | | |
| **Comments:**  **\*It is the licensee’s responsibility to comply with all the Colorado Rules, Regulations and ICMP requirements prior to placing the kiosk in service.\*** | | | |

Submit Electronically to: Colorado Division of Gaming

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Note: This form is to be submitted 30 days prior to installation or upgrade. If the licensee intends to test a product, this form must be submitted electronically 30 days prior to the first day of testing. If the licensee does not complete testing within 6 months of the first date of testing, a new notification form must be submitted 30 days prior to the new test date