

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 <input type="checkbox"/> Upgrade <input type="checkbox"/> Test <input type="checkbox"/>	
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
(Kiosk only) Does the company that you purchased the kiosk from, have the appropriate license (Manufacturer/Distributor)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you forwarded an electronic Copy of Phase 1 Approval Letter, (GLI/BMM) letter, to the Division? <input type="checkbox"/> Yes <input type="checkbox"/> 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

dor_ccbhcasinos@state.co.us
dor_cripplecreekcasinos@state.co.us

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