

# Colorado Division of Gaming

## REQUEST FOR SYSTEM FIELD TRIAL



This form must be completed in its entirety as a MS WORD document prior to submission for consideration. Submission must be made via e-mail as an attachment. Cripple Creek casinos send to: [dor\\_cripplecreekcasinos@state.co.us](mailto:dor_cripplecreekcasinos@state.co.us). Black Hawk and Central City casino send to: [dor\\_ccbhcasinos@state.co.us](mailto:dor_ccbhcasinos@state.co.us).

**Manufacturer:**

**Product submitted for Field Trial (including version, module, etc.):**

**Manufacturer contact name, title, direct number & email:**

**Casino Name & Location**

**Casino contact name, title, direct number & email:**

**Proposed date of product installation:**

**Slot monitoring system & version used by casino:**

**Has slot monitoring system & any attached modules/functionality received written approval by Division?**

**Attach a copy of the certification letter from Colorado approved certified testing laboratory:**

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DIVISION USE ONLY	
Date of Submission:	_____
Received By:	_____
Casino Approved Y/N:	_____
Reason for Denial:	_____
Date of TSG email Response:	_____
TSG Project Manager and Team:	_____