



Colorado Division of Gaming

REQUEST FOR KENO FIELD TRIAL

Submission must be made via e-mail as an attachment, in accordance to the Division’s Keno Field Procedures.

Send submission to: Jeffrey.Marone@state.co.us

Manufacturer:	
License type:	
License #:	
Contact name:	
Title:	
Direct number:	
Email address:	
Product submitted:	
Game/system hardware/software versions:	

**Attach a copy of all applicable certification letters from the Colorado certified testing laboratory.*

Laboratory Certification File#(s): _____

*The manufacturer will attempt to find at least one casino in any of the 3 cities to participate in the trial.
(Black Hawk, Central City and Cripple Creek)

Casino name and location:	
Casino contact number:	
Title:	
Direct number:	
Email address:	
Proposed date of product installation:	

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Title:	
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Division Use Only

Date of submission:	
Received by:	
Casino approval Y/N:	
Reason for denial:	
Date of Field Operations response:	
Field Operations Manager:	