

**Colorado Division of Gaming**

REQUEST FOR TABLE GAMES ASSOCIATED EQUIPMENT FIELD TRIAL

This form must be completed in its entirety as prior to submission for consideration. Submission must be made via e-mail as an attachment.

Send submission to: [bradley.nelson@state.co.us](mailto:bradley.nelson@state.co.us)

|  |  |
| --- | --- |
| Manufacturer: |  |
| Approved Mfg/Distributors License #: |  |
| Type: |  |
| Approved Operators License #: |  |
| Type: |  |
| Contact name: |  |
| Title: |  |
| Direct Number: |  |
| Email: |  |
| Product submitted: |  |
| Device Hardware/Software and/or Firmware: |  |
| *\* Attach a copy of all certification letters from a Colorado approved testing laboratory.* | |

The manufacturer will attempt to find one casino in each of the three cities (Black Hawk, Central City and Cripple Creek) to participate in the trial.

|  |  |
| --- | --- |
| Field trial location #1 | |
| Casino name & location in Black Hawk: |  |
| Casino contact name: |  |
| Title: |  |
| Direct number: |  |
| Email: |  |
| Proposed date of product installation: |  |

|  |  |
| --- | --- |
| Field trial location #2 | |
| Casino name & location in Central City: |  |
| Casino contact name: |  |
| Title: |  |
| Direct number: |  |
| Email: |  |
| Proposed date of product installation: |  |

|  |  |
| --- | --- |
| Field trial location #3 | |
| Casino name & location in Cripple Creek: |  |
| Casino contact name: |  |
| Title: |  |
| Direct number: |  |
| Email: |  |
| Proposed date of product installation: |  |

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| **DIVISION USE ONLY** | |
| Reviewed by: |  |
| Approved/Denied: |  |
| Date: |  |
| Approved by: |  |
| Date: |  |
| Returned back to: |  |
| Date of return: |  |