This form must be completed in its entirety as a MS WORD document prior to submission for consideration. Submission must be made VIA EMAIL as an ATTACHMENT.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date: | |  | | | | | |  | **DIVISION USE ONLY** | | |
| Casino: | |  | | | | | |  | **Reviewed by:** |  |  |
| Prepared By: | | | |  | | | |  | **Approved / Denied:** |  |  |
| Job Title: | | |  | | | | |  | **Variance Number:** |  |  |
| Phone Number: | | | | |  | | |  | **Approved by:** |  |  |
| Email: |  | | | | | | |  | **Date:** |  |  |
|  | | | | | |  | |  | **Variance Expires:** |  |  |
|  | | | | | |  | |  | **File Updated By:** |  |  |
|  | | | | | |  | |  |  |  |  |
|  | | | | | |  | |  |  |  |  |
| Variance Request from ICMP… | | | | | | | | | **Colorado Division of Gaming Reserves the right to revoke or amend this variance at any time** | | |
| ICMP Section Title: | | | | | | |  |  |
| ICMP Section Number: | | | | | | |  |  |
| ICMP Sub-Section Title: | | | | | | |  |  |
|  | | | | | | |  |  |

|  |
| --- |
| **ICMP Wording:** |
| **{*In this area, please copy/paste or type the ICMP wording affected by the variance request. If the variance affects an entire ICMP Section summarize the section addressed by the variance*}** |

|  |
| --- |
| **Variance Requested and Justification:** |
| **{*Please draft the proposed internal control procedures by explaining the compensating control(s) and/or procedure(s) that will be implemented to replace the required outlined ICMP procedure(s) noted above. Also include a valid justification as to why the variance from the ICMP is necessary.*}** |