



REQUEST FOR DEVICE 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.

Send submission to: Donald.Swartz@state.co.us

Manufacturer:

Approved Mfg/Distributors- License #-	
Approved Operators- License #-	

Contact name: _____

Title: _____

Direct number: _____

Email: _____

Product submitted: _____

**Device Hardware/Software
and/or Firmware:** _____

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

**Laboratory
Certification File#(s):** _____

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

(1)	
<u>Casino Name & Location</u> <u>in Black Hawk:</u>	
Casino contact name:	
Title:	
Direct number:	
Email:	
Proposed date of product installation:	
Number of devices:	

(2)	
<u>Casino Name & Location</u> <u>in Central City:</u>	
Casino contact name:	
Title:	
Direct number:	
Email:	
Proposed date of product installation:	
Number of devices:	

(3)	
<u>Casino Name & Location</u> <u>in Cripple Creek:</u>	
Casino contact name:	
Title:	
Direct number:	
Email:	
Proposed date of product installation:	
Number of devices:	

*Attach sheet for addition casino installation requests

Colorado Division of Gaming



COLORADO
Department of Revenue
Enforcement Division – Gaming

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DIVISION USE ONLY

Date of Submission: _____

Received By: _____

Approval Y/N: _____

Reason for Denial: _____

Date of Field Operations
email response: _____

Field Operations Manager: _____