



Colorado Division of Gaming

REQUEST FOR TABLE GAMES ASSOCIATED EQUIPMENT FIELD TRIAL

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

Send submission to: DOR_table_games_chair@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:	
<i>* Attach a copy of all certification letters from a Colorado approved testing laboratory.</i>	

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:	