

PRODUCT INSTALL/UPGRADE/TEST NOTIFICATION FORM

Licensee Name:	Date:
Licensee Address:	
Name and Title of Contact Person:	
Telephone Number & Email Address:	Fax Number:
Intent to: Install <input type="checkbox"/> Upgrade <input type="checkbox"/> Test <input type="checkbox"/>	
Name of Product Vendor:	
Product Name and Version Number:	
If this is an upgrade, indicate new version and/or modules:	
Type of product, module or system hardware/software to be tested, installed or upgraded (SMIB, slots, cage, pit, ticketing, kiosk, electronic, imaging):	
Anticipated Installation or Upgrade Date:	
Indicate go live and/or test date:	
Has the Phase I Approval Letter been reviewed? <input type="checkbox"/> YES <input type="checkbox"/> NO	
(Kiosk Only) Has the kiosk been tested and certified by the testing lab for use with the casino's version of the slot monitoring system? <input type="checkbox"/> YES <input type="checkbox"/> NO	
(Kiosk only) Does the company that you purchased the kiosk from, have the appropriate license (Manufacturer/Distributor)? <input type="checkbox"/> yes <input type="checkbox"/> No	
Have you forwarded an electronic Copy of Phase 1 Approval Letter to the Division? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, please submit	
FOR DIVISION USE ONLY	
Notification Received By:	Date:
Comments:	



Submit Electronically to: Colorado Division of Gaming

dor_ccbhcasinos@state.co.us
dor_cripplecreekcasinos@state.co.us

Note: This form is to be submitted 30 days prior to installation or upgrade. If the licensee intends to test a product, this form must be submitted electronically 30 days prior to the first day of testing. If the licensee does not complete testing within 6 months of the first date of testing, a new notification form must be submitted 30 days prior to the new test date