

# Colorado Division of Gaming

## REQUEST FOR DEVICE FIELD TRIAL



**COLORADO**  
 Department of Revenue  
 Enforcement Division - Gaming

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: [Jeffrey.Marone@state.co.us](mailto:Jeffrey.Marone@state.co.us)

### Manufacturer:

|   |  |
|---|--|
| <b>Approved Mfg/Distributors-License #:</b> |  |
| <b>Type:</b>                                |  |
| <b>Approved Operators-License #:</b>        |  |
| <b>Type:</b>                                |  |

**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)<br><u>Casino Name &amp; Location</u><br><u>in Black Hawk:</u> |  |
| Casino contact name:  |  |
| Title:  |  |
| Direct number:  |  |
| Email:  |  |
| Proposed date of product<br>installation:                         |  |

|   |  |
|---|--|
| (2)<br><u>Casino Name &amp; Location</u><br><u>In Central City:</u> |  |
| Casino contact name:  |  |
| Title:  |  |
| Direct number:  |  |
| Email:  |  |
| Proposed date of product<br>installation:                           |  |

|  |  |
|--|--|
| (3)<br><u>Casino Name &amp; Location</u><br><u>in Cripple Creek:</u> |  |
| Casino contact name:   |  |
| Title:   |  |
| Direct number:   |  |
| Email:   |  |
| Proposed date of product<br>installation:                            |  |

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### DIVISION USE ONLY

Date of Submission: \_\_\_\_\_

Received By: \_\_\_\_\_

Casino Approved Y/N: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Date of Field Operation  
email response: \_\_\_\_\_

Field Operations  
Manager: \_\_\_\_\_