



REQUEST FOR DEVICE FIELD TRIAL

This form must be completed in its entirety as an 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

Manufacturer:

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

Contact name: _____

Title: _____

Direct number: _____

Email: _____

Product submitted: _____

Device Hardware/Software and/or Firmware: _____

**Attach a copy of all applicable certification letters from the Colorado 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 in Black Hawk:</u>	
	Casino contact name:
	Title:
	Direct number:
	Email:
	Proposed date of product installation:

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

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



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DIVISION USE ONLY

Date of Submission: _____

Received By: _____

Casino Approval Y/N: _____

Reason for Denial: _____

Date of Field Operations
email response: _____

Field Operations Manager: _____