



**New Jersey Office of the Attorney General**

Division of Consumer Affairs

Legalized Games of Chance Control Commission

124 Halsey Street, P.O. Box 46000

Newark, N.J. 07101

(973) 273-8000

**Application for Modification(s) of Electronic Bingo System Certification**

*Please print clearly.*

Date: \_\_\_\_\_

**A. Applicant Information**

Manufacturer: \_\_\_\_\_ License number: \_\_\_\_\_

Address: \_\_\_\_\_  
Street address City State ZIP code County

Telephone number: \_\_\_\_\_ Fax number: \_\_\_\_\_  
(Include area code) (Include area code)

Contact person: \_\_\_\_\_

**B. Test Lab Information**

Name of approved test lab: \_\_\_\_\_

**Explanation of Modification(s)**

(Please provide detailed information relating to the modification(s) of the hardware/software from the previously approved certification.)

**C. Approved Electronic Bingo System Certification Number: \_\_\_\_\_**

(If additional space is needed, attach extra sheets of paper.)

1. Description of modification: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Description of modification: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Description of modification: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Description of modification: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Description of modification: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_  
Date