



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