



The Commission MUST be immediately advised of any changes concerning the information contained on this form.

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

Electronic Bingo Equipment Certification

This form is to be filed immediately with the Commission after agreeing to provide electronic games of chance systems. Please note that this form shall be completed for each organization utilizing such systems.

Please print clearly.

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

A. Equipment Provider

Name: \_\_\_\_\_ License number: \_\_\_\_\_

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

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

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

B. Equipment Supplied to

Name: \_\_\_\_\_ Identification number: \_\_\_\_\_

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

Telephone number: \_\_\_\_\_ Contact person: \_\_\_\_\_
(Include area code)

C. Session

Day of week in operation: \_\_\_\_\_ Start time: \_\_\_\_\_

D. Installation

Date of installation: \_\_\_\_\_ Name of location: \_\_\_\_\_

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

E. Site System Information

Name/Model number: \_\_\_\_\_ Certification number: \_\_\_\_\_

Serial number: \_\_\_\_\_

F. Card-minding System Information

Name/Model number: \_\_\_\_\_ Serial number: \_\_\_\_\_

Serial number: \_\_\_\_\_

**G. Peripheral Device Information**

Provide all the peripheral components including but not limited to the point of sales, caller station verifier, printers and dial up modems:

Name	Description	Model Number	Serial Number
Name	Description	Model Number	Serial Number
Name	Description	Model Number	Serial Number
Name	Description	Model Number	Serial Number
Name	Description	Model Number	Serial Number
Name	Description	Model Number	Serial Number
Name	Description	Model Number	Serial Number
Name	Description	Model Number	Serial Number

**H. Total Charge for Installation and Use: \_\_\_\_\_**

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Date