



STATE OF NEW MEXICO
GAMING CONTROL BOARD

MANUFACTURER'S REQUEST FOR REVIEW OF
ASSOCIATED EQUIPMENT / LICENSING WAIVER

1. Name of Manufacturer: _____

Address: _____ City, State, Zip: _____

Contact Person: _____ Phone: _____
(Name and Title)

- 2. Please check one: [] Initial Review (Attach Schematics and Description)
[] Modification (Attach description of modification)

3. Type of associated equipment: _____

Company/Name/Model/Version Number: _____

Tested in House: [] Yes [] No

If yes, describe the method:

Any developer of associated equipment, or a manufacturer/distributor of associated equipment, must complete and submit this form before the review of the system will be considered. This form must be submitted at least THIRTY DAYS prior to the intended implementation date.

Forms must be submitted to: New Mexico Gaming Control Board
Information Systems Division
6400 Uptown Blvd. NE - Suite 100-E
Albuquerque, NM 87110

Each type of associated equipment requires a separate form - do NOT include more than one type of associated equipment on each form. The Gaming Control Board charges a fee of \$_____ for associated equipment reviews pursuant to Sections 60-2E-29 (G) and (H) of the Gaming Control Act.

The undersigned understands the requirements outlined above and requests a review of associated equipment and, where appropriate, a waiver of the requirement to obtain a manufacturer's license under Section 60-2E-13(D) of the Gaming Control Act. Furthermore the undersigned hereby agrees to indemnify, hold harmless and defend, not excluding the State's right to participate, the State of New Mexico, the State Gaming Control Board, the New Mexico Attorney General, and each of their members, agents, and employees in their individual and representative capacities from any and all claims, suits, and actions, brought by anyone associated with this request, or by any third party, against the agencies or persons named in this paragraph, arising out of the submission, investigation and deliberation of this request, and against any and all liabilities, expenses, damages, charges and costs, including court costs and attorneys' fees, which may be sustained by the persons and agencies named in this paragraph as a result of said claims, suits and actions.

Please attach your check in the amount of \$_____ payable to the Gaming Control Board.

Printed Name and Title of Company Official _____

Signature of Company Official _____ Date _____