

STATE OF NEW MEXICO
GAMING CONTROL BOARD



PREMISE/SURVEILLANCE MODIFICATION REQUEST

Premise Mod Surveillance Mod

Entity: _____ License #: _____

Address: _____

Person Completing Form

Name: _____ Licensee #: _____ Phone #: _____

Signature: _____ Date: _____

Distributor: _____

Explanation of Game Room Modification. _____

Date Modification to be started: _____ Estimated Date of Completion: _____

Gaming Room Floor Plan Submitted: Yes No

NMGCB USE ONLY

Enforcement Division Review

Date of Review: _____ Approved: Disapproved:

Enforcement Personnel Name: _____ Date: _____

NOTES: _____

Date of Inspection: _____ Work performed as submitted? Yes: No:

If No, Report # Assigned: _____

Enforcement Personnel Name: _____ Date: _____