

APPLICATION TO IMPORT/EXPORT GAMBLING DEVICES or ASSOCIATED EQUIPMENT

Montana Department of Justice, Gambling Control Division
2550 Prospect Ave. P.O. Box 201424
Helena, MT 59620-1424 (406) 444-1971

For Department Use Only

Date Received: _____

Audit Review: N/A

Application to (check one): **IMPORT** **EXPORT**

This form is to be used to apply for department approval to import or export illegal gambling devices/associated equipment or to export legal gambling devices. Such imports/exports are permissible only when approved by an authorized signature below OR by the expiration of five working days following the department's receipt of this application. Except for those applications submitted under Mont. Admin. R.'23.16.2001(5)(a) which are only required to submit import contracts, this application must include all contracts related to the sale of the proposed imports/exports. If a proposed import involves noninstitutional financing to a licensee, Mont. Admin. R.'23.16.120 may require additional disclosures and department approval. If exporting gambling device(s), the applicant must attach written approval from the jurisdiction in which the gambling device(s) will be received.

APPLICANT NAME: _____ License Number: _____

PURCHASER INFORMATION

Name: _____
Address: _____

SELLER INFORMATION

Name: _____
Address: _____

SHIPPING INFORMATION

Mode of Transportation: _____ Proposed Shipment Date: _____
Carrier Name: _____ Estimated Arrival Date: _____
Carrier Address: _____ Total # of Pieces Shipped: _____
_____ Carrier Phone #: _____

DESTINATION INFORMATION

Receiver Name: _____
Destination Address: _____

TERMS OF SALE

(Please check appropriate box):

Is this a cash sale or same as cash sale requiring payment in full within 180 days? Yes No

ATTACHMENTS

(Please check appropriate box):

All contracts related to this sale are attached: Yes N/A

If exporting gambling devices, written approval from the jurisdiction in which
the gambling devices will be received is attached: Yes N/A

ITEMIZE GAMBLING DEVICES or ASSOCIATED EQUIPMENT ON BACK

This application and attachment(s) consisting of ____ page(s) will be kept by the State of Montana for information and record. I understand that if this application contains any false information, I may be subject to the criminal penalties of Mont. Code Ann. 45-7-202, 45-7-203, 45-7-208. I swear/affirm that this application and attachments are accurate and complete.

Applicant Signature: _____ Date: ____/____/____

Department Approval: _____ Date: ____/____/____

GAMBLING DEVICES ASSOCIATED EQUIPMENT DESCRIPTIONS

	<u>Manufacturer</u>	<u>Serial Number</u>	<u>Model Number</u>	<u>Type of Game(s) Played</u>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
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