



# APPLICATION TO IMPORT/EXPORT GAMBLING DEVICES OR ASSOCIATED EQUIPMENT

**For Office Use Only**

Audit Review  
 Yes  NA  
Approved  
 Yes  No

*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.*

## GENERAL INFORMATION

Application to:  Import  Export Reporting Month/Year \_\_\_\_\_  
Applicant \_\_\_\_\_ License Number \_\_\_\_\_  
Purchaser Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
*Street, Suite No City State Zip*  
Seller Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
*Street, Suite No City State Zip*

## SHIPPING INFORMATION

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

## DESTINATION INFORMATION

Receiver Name \_\_\_\_\_  
Destination Address \_\_\_\_\_  
*Street, Suite No City State Zip*

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

All contracts related to this sale are attached.  Yes  NA

If exporting, written approval from the appropriate jurisdiction is attached.  Yes  NA

The 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 criminal penalties of MCA 45-202, 203 and 208. I swear/affirm that this application and attachments are accurate and complete.

\_\_\_\_\_  
Authorized Signature Print Name of Person Signing Date

### GAMBLING DEVICES ASSOCIATED EQUIPMENT DESCRIPTIONS

VGM ID	SERIAL NUMBER	MANUFACTURER	MODEL NUMBER	TYPES OF GAMES PLAYED
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				

Send completed form to:

Montana Department of Justice, Gambling Control Division  
2550 Prospect Ave. • PO Box 201424 • Helena, MT 59620-1424 • Phone: (406) 444-1971 • Fax: (406) 444-9157

Email: [gcd@mt.gov](mailto:gcd@mt.gov)

[www.dojmt.gov/gaming/](http://www.dojmt.gov/gaming/)