FORM 50A
REVISED 12/2019

VIDEO GAMBLING MACHINE MANUFACTURER MALFUNCTION FORM

This form is to be filled out and submitted to the department within 24 hours of any suspected or confirmed software or hardware malfunctions.

Date malfunction was discovered:_____

Is malfunction hardware related? Yes ☐ No ☐

If yes, model(s) affected:_____

Is malfunction software related? Yes ☐ No ☐

If yes, program version(s) affected:_____

If game related, game title(s) affected:_____

If game related, require game(s) to be disabled? Yes ☐ No ☐

Was a notification sent out to VGM owners/operators? Yes ☐ No ☐

If yes, provide a copy to the department.

Please provide a detailed description of the hardware/software malfunction and the steps to recreate:

_____

_____

_____

_____

_____

VGM Manufacturer Name:_____

VGM Manufacturer ID:_____ -_____- MDR

_____ _____

Name Date

Please submit form, service bulletin if applicable, and any supporting statements or documentation, within 24 hours of the suspected or confirmed malfunction, 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: gcdlab@mt.gov ● www.dojmt.gov/gaming/