

**OFFICIAL USE ONLY**

Date Received: \_\_\_\_\_

Submission Number: \_\_\_\_\_



**Michigan Gaming Control Board  
Manufacturer Laboratory Submission Form  
Associated Equipment \***

Supplier Name		Phone Number			
Contact Name		Fax Number			
Contact Title		License Number			
Address		Vendor Number			
City		Temporary License	Y		N
State/Postal Code					
<b>MANUFACTURER</b>		<b>SUBMISSION TYPE (DESCRIPTION OF ITEM)</b>			
Does the submission affect the outcome of the game or gaming proceeds?			Y		N
Does the submission record or monitor the gaming activity/Online computer system?			Y		N
Is the submission listed on the Associated Equipment Matrix? If so, indicate matrix number.			Y		N
Has the submission been licensed or approved in any other jurisdictions?			Y		N
Has the submission been denied approval or licensure in any other gaming jurisdictions? If yes, give all details including any limited or conditional licensing.			Y		N
<b><u>Attach the following:</u></b>					
<input type="checkbox"/> A complete and detailed description of the design, uses and function of the submission; include all testing and design features, research and development issues and related topics.					
<input type="checkbox"/> A list of software and hardware features or other computer driven components.					
<input type="checkbox"/> If device has programmable memory or random number generator features, include a complete and detailed description of these items, including internal security and control features.					
<input type="checkbox"/> All technical specifications developed by internal research and development personnel, including testing and compliance reviews.					
<input type="checkbox"/> Photograph and design diagrams of the device or system.					
<input type="checkbox"/> All promotional information associated with the device or system.					
<input type="checkbox"/> All licenses and approvals currently issued approving the device or system.					

**\*Laboratory charges for associated equipment will be billed at \$105.00 per hour for actual hours spent on testing.**

*THIS FORM IS FOR SUBMISSION OF ASSOCIATED EQUIPMENT ONLY*