## STATE OF MAINE DEPARTMENT OF PUBLIC SAFETY GAMBLING CONTROL BOARD



## UNIVERSAL SHIPPING APPLICATION MGCB-2200

<u>All</u> slot machines, table games and their associated equipment must be approved for shipping into, out of or within of the State of Maine. Email forms to: vicki.m.gardner@maine.gov.

## Submissions must be made 10 days in advance of shipment report date

## Type of Equipment being shipped:

Seller Inf	ion		<b>Purchaser/ Receiver Information</b>				
Seller Name:		Purchaser Name:					
P.O. Number:		Purchase	Purchased by (name):				
Address:			Address:				
City:			City:				
State/Zip:			State/Zip:				
Phone Number:			Phone N	Phone Number:			
Ship from if different from above:			Attn to:				
Address:			Address if different from above:				
City:			Address:				
State/Zip:			City, State/Zip:				
Name of Certifying Lab:			Lab Certification #				
Shipper Information - Note: Shipments may be received on or after the receiving date, but not before.							
Requested Shipment Date	:	Rece	eiving Date:		Method:		
Carrier Name:					Phone:		
Carrier Contact/Dispatch N	lame:						
Carrier Address :							
Carrier City, State & Zip:							
Driver Contact Name:			Phone:		Seal Number:		
Total Number of Units/Pieces: Slot		Slot Machines:		Slot Software:			
Table Games: Lay	outs:	Cards:	Chips:	Dice:	Other:		
Note: If additional carrier(s	) is/are	used, provide above	information on a	a continuation sh	eet and attach to this ap	plication.	
SCHEDULED SHIPMENT PLANNING & APPROVAL (GCU USE ONLY)							
Date Application Received:			Refe	Reference Number:			
GCU Inspector Assigned:			Pho	Phone:			
Received by (Print Name):							
GCU Inspector Signature:					Date:		
Request Approved:	Re	equest Rejected:	Reaso	on, if applicable:			
Inspector Supervisor:							
Notes/Comments:							