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 Infor	mation		Purchaser/ R	eceiver Information		
Seller Name:	Purchase	Purchaser Name:				
P.O. Number:	Purchase	Purchased by (name):				
Address:		Address:				
City:		City:				
State/Zip:		State/Zip:	State/Zip:			
Phone Number:		Phone Nu	Phone Number:			
Ship from if different from above:		Attn to:				
Address:		Address if diffe	Address if different from above:			
City:		Address:				
State/Zip:		City, State/Zip:	City, State/Zip:			
Name of Certifying Lab:		Lab Cer	Lab Certification #			
Shipper Information - Note: Shipments may be received on or after the receiving date, but not before.						
Requested Shipment Date:	Rec	eiving Date:		Method:		
Carrier Name:			Phone:			
Carrier Contact/Dispatch Na	me:					
Carrier Address :						
Carrier City, State & Zip:						
Driver Contact Name:		Phone:		Seal Number:		
Total Number of Units/Pieces: Slot Machines:		S	Slot Software:			
Table Games: Layou	uts: Cards:	Chips:	Dice:	Other:		
Note: If additional carrier(s) is	s/are used, provide above	e information on a	continuation sh	eet and attach to this appl	lication.	
SCHEDULED SHIPMENT PLANNING & APPROVAL (GCU USE ONLY)						
Date Application Received:	Refe	Reference Number:				
GCU Inspector Assigned:		Phor	Phone:			
Received by (Print Name):						
GCU Inspector Signature:				Date:		
Request Approved:	Request Rejected:	Reaso	n, if applicable:			
Inspector Supervisor:						
Notes/Comments:						