



STATE OF MAINE  
DEPARTMENT OF PUBLIC SAFETY  
GAMBLING CONTROL BOARD

UNIVERSAL SHIPPING APPLICATION MGCB-2200

All 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: [Milton.F.Champion@maine.gov](mailto:Milton.F.Champion@maine.gov).

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

**Type of Equipment being shipped:**

Seller Information		Purchaser/ Receiver Information	
Seller Name:		Purchaser Name:	
P.O. Number:		Purchased by (name):	
Address:		Address:	
City:		City:	
State/Zip:		State/Zip:	
Phone Number:		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 #	
<b>Shipper Information - Note: Shipments may be received on or after the receiving date, but not before.</b>			
Requested Shipment Date:		Receiving Date:	Method:
Carrier Name:		Phone:	
Carrier Contact/Dispatch Name:			
Carrier Address :			
Carrier City, State & Zip:			
Driver Contact Name:		Phone:	Seal Number:
Total Number of Units/Pieces:		Slot Machines:	Slot Software:
Table Games:	Layouts:	Cards:	Chips: Dice: Other:
<i>Note: If additional carrier(s) is/are used, provide above information on a continuation sheet and attach to this application.</i>			
<b>SCHEDULED SHIPMENT PLANNING &amp; APPROVAL (GCU USE ONLY)</b>			
Date Application Received:		Reference Number:	
GCU Inspector Assigned:		Phone:	
Received by (Print Name):			
GCU Inspector Signature:		Date:	
Request Approved:	Request Rejected:	Reason, if applicable:	
Authorized GCU Representative:			
Notes/Comments:			