



STATE OF MAINE
Department of Public Safety Gambling Control Board
MGCB-2500 Slot Machine Activity
PROJECT WORK ORDER

Please submit completed form to all Inspectors

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Date _____
Tracking Number _____ Shipment Number _____
(if applicable)
Proposed Project _____ Facility **Hollywood Casino, Bangor**
Reason for event _____
Proposed by _____
Project Start date and Time _____ Project End date and Time _____
Tech Name, Employee # and Signature _____
(Signature)

Machine information

Manufacturer _____ Model Number _____
Location _____ Asset Number _____

Attach FBMS printout showing the time and date of each RAM clear (if applicable)
Proposed Information

Attach MGCB 2600 Slot Change Log (if applicable)

Game Name	Serial #	Payback %	Max Bet
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Current _____
Proposed _____
Proposed Machine Location _____
PC Chip Number _____
Soft Meter Reading (if applicable) _____

Gambling Control Use Only

(Person(s) Completing Project)

State Inspector Name and Signature _____
(Signature)

Software Verification / Tested **YES** **NO** Kobetron GAT _____
(State Inspector Name)

Progressive Jackpot Amounts (See page 2)

Progressive Jackpot Work Sheet

Levels	Base Amount (Starting)	Increment Rate (%)	Type (stand-alone, linked)	Asset of Old Progressive	Amount Being Transferred	New Progressive Value
Level 1						
Level 2						
Level 3						
Level 4						
Level 5						
Level 6						
Level 7						
Level 8						
Level 9						
Level 10						
Level 11						
Level 12						
Level 13						
Level 14						
Level 15						

Notes