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 Information		Purchaser/ R	Receiver Inform	ation
Seller Name:	Purchasei	Purchaser Name:		
P.O. Number:	Purchased	Purchased by (name):		
Address:	Address:			
City:	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 different from above:			
City:	Address:			
State/Zip:	City, State/Zip:			
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 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:	
Note: If additional carrier(s) is/are used, provide above information on a continuation sheet and attach to this application.				
SCHEDULED SHIPMENT PLANNING & APPROVAL (GCU USE ONLY)				
Date Application Received:	Reference Number:			
GCU Inspector Assigned:	Phor	ne:		
Received by (Print Name):				
GCU Inspector Signature:			Date:	
Request Approved: Request Rejected:	Reaso	n, if applicable	:	
Inspector Supervisor:				
Notes/Comments:				