



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 **Oxford Casino, Oxford**

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)
State Inspector Supervisor 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