



For Agency Use Only:
Date Received _____

**Maine Gambling Control Board
Chip/Token Order Form
MGCB - 3000**

Licensee: _____

Requested by: _____

Manufacturer Name: _____

Manufacturer Address: _____

Intended use: _____

Specifications: _____

Use additional pages as necessary

Attach an exact drawing, in color, of each side and edge of the proposed chip or token, drawn to actual size or larger and in scale showing measurements of the chip or token in each dimension.

Enclose Sample chip(s) or token(s) in final, manufactured form. The Board shall retain sample chips or tokens.

Approved

Denied Reason For Denial _____

Date: _____

Inspector Signature

Offices located at: 45 Commerce Drive, Suite 5, Augusta, Maine 04333-0087
(207) 626-3900 (Office) (207) 287-4356 (Fax)