

****Before Moving Foreword Please Complete The Below Section****

1. Name of Associated Company: _____



Maine Independent Laboratory Certification Application

MGCB - 1800

Title 8 M.R.S. §1020 Registration of Slot Machines

4. Certification of slot machines and associated equipment. The board shall, in cooperation with the department, approve qualified independent laboratories for certification of slot machines and slot machine associated equipment from slot machine distributors and gambling services vendors seeking registration as required in this chapter.

Maine Gambling Control Board

**Maine Gambling Control Unit
Department of Public Safety
87 State House Station
45 Commerce Drive, Suite 5
Augusta, Maine 04333-0087
(207) 626-3900 - Office
(207) 287-4356 - Fax**

APPLYING AS INDEPENDENT CERTIFICATION LABORATORY

To the extent that an applicant claims that information submitted with this application is entitled to protection pursuant to 8MRSA §1006(1)(A), the applicant must, with respect to each specific question:

- 1) Assert that position, and
- 2) Submit facts demonstrating that the information:
 - a) is a trade secret as defined in 10 MRSA §1042;
 - b) that release of the information would be competitively harmful;
 - c) and that the information is not publicly available.

INFORMATION THAT IS CONFIDENTIAL PURSUANT TO 8 MRSA §1006(1)(A)-(G), IS NOT SUBJECT TO RELEASE UNLESS IT IS PUBLICLY AVAILABLE. HOWEVER, INFORMATION AFFORDED CONFIDENTIALITY PURSUANT TO 8 MRSA §1006(1)(H) IS NOT SUBJECT TO RELEASE BY THE GAMBLING CONTROL BOARD, OR STAFF, EVEN IF PUBLICLY AVAILABLE THROUGH OTHER SOURCES.

OTHER AREAS MAY BE CONFIDENTIAL IF PROTECTED BY APPLICABLE STATE OR FEDERAL LAW. APPLICANTS SHALL DISCLOSE THIS INFORMATION WITH THIS APPLICATION IF KNOWN.

Applications can be obtained from: Maine Gambling Control Unit

Items you must provide:

- Application forms (*completed & signed*)
- Supporting documentation as specified on the attached Application Instructions Checklist
- Copy of completed application in approved electronic format

Mail or deliver to: Maine Gambling Control Unit
Department of Public Safety
87 State House Station
45 Commerce Drive, Suite 5
Augusta, Maine 04333-0087
(207) 626-3900 - Office
(207) 287-4356 – Fax

Instructions

1. APPLICATION FULLY COMPLETED IN BLUE INK

Type or clearly print an answer to every question. If a question does not apply to you, indicate so with an N/A. If you are unsure if a question applies to you or what information the form is asking you to provide, contact the Maine Gambling Control Unit office to seek clarification. If the available space is insufficient, continue on a separate sheet and precede each answer with the appropriate title and question number. The separate sheets are to be submitted as attachments and are not to be inserted between pages of the application.

2. ALL FORMS SIGNED & ATTACHED

The following accompanying forms must be signed and returned with the application:

Affirmation & Consent

Investigation Authorization/Authorization to Release Information

Applicant's Request to Release Information (leave top line of form blank)

3. ALL REQUESTED INFORMATION

The application, as well as other documents submitted to the Gambling Control Board by or on behalf of the applicant for purposes of determining the qualifications of the applicant shall be sworn to or affirmed before a notary public in accordance with 8 M.R.S.A. §1017. If any form or document is signed by an attorney for the applicant, the signature shall certify that the attorney has read the forms or documents and that, to the best of his or her knowledge, information and belief, based on diligent inquiry, the contents of the form or documents so supplied are true.

To the extent, if any, that the information in the application or the supplemental information provided by the applicant becomes, outdated, inaccurate or incomplete, the applicant shall notify the Gambling Control Board in writing as soon as it is aware that the information is outdated, inaccurate or incomplete, and shall at that time supply the information necessary to make the application or supplementary information current, accurate and complete.

The applicant shall cooperate fully with the Gambling Control Unit, the Maine State Police Detective assigned to the Gambling Control Unit and any 3rd party contracted with the unit to complete any background investigation of the applicant. The applicant, upon request of the Gambling Control Board, Gambling Control Unit on behalf of the Board, and Maine State Police Detective, shall make any and all of its books and records available for inspection.

As soon as the Gambling Control Unit has determined that the application is complete, it shall be forwarded to the Maine Gambling Control Board the application for consideration by the Board.

4. ATTACH THE FOLLOWING INFORMATION

Any applicant desiring to obtain a registration to act as a certified independent testing laboratory shall apply on forms specified by the Maine Gambling Control Board. In addition to any information required by statute, application forms require the applicant to provide the following items.

1. All applicable information requested on pages 1 through 22 of the application.
2. Copy of ISO/IEC 17025 accreditation “General requirements for the competence of testing and calibration laboratories.”
3. Copy of ISO 1720 if applicant intends to provide field services for the examination of a product for conformity with standards of the Board once placed in operation.
4. Detailed description of the testing facilities.
5. Detailed description of available testing staff and staff qualifications including education, training, experience and skill levels.
6. Detailed description of available testing equipment.
7. Copies of documented policies, systems, programs, procedures and instructions to assure the quality of test results.
8. Copies of all test scripts to be used for testing against the applicable Maine statutes, regulations, standards and policies.
9. Information regarding the business organization and ownership of the applicant, including but not limited to any ultimate parent company, parent company and affiliated organizations.
10. Organization chart depicting the ownership structure of the applicant, including but not limited to any ultimate parent company, parent company and affiliated organizations.
11. Organization chart depicting the applicant’s management structure.
12. List of all key employees and other individuals who have significant involvement with the applicant’s business operations.
13. List of all officers, directors, partners, managers, trustees, direct or beneficial owners of the independent testing laboratory and any person or entity that owns or has significant involvement with the activities of the independent testing laboratory, including any intermediary entities.

Maine Gambling Control Board
Independent Certification Laboratory Application
MGCB - 1800

FOR AGENCY USE ONLY

DATE RECEIVED

Applicant

Business Name (Applicant)

Trade Name(s) and Doing Business As ("DBA") Requires FFN

Federal I.D. No

Web URL

Applicant's Form of Organization

Sole Proprietorship

Limited Liability Company

Corporation

S-Corporation

Partnership

Limited Partnership

Trust

Other _____

Applicant's Physical Address

Business Name (Full Name if Sole Proprietor)

Address Line 1

Address Line 2

City

State

Postal Code

Phone Number

Fax Number

Applicant's Mailing Address

Business Name (Full Name if Sole Proprietor)

Address Line 1

Address Line 2

City

State

Postal Code

Business Contact Person

First & Last Name, Title

Telephone Number

Email Address

Application Prepared By

First & Last Name, Title

Telephone Number

Email Address

**ANY CHANGES IN OWNERSHIP OR BUSINESS STRUCTURE,
MUST BE DISCLOSED TO THE BOARD**

Person who maintains applicant's business records	Title
Address	Phone Number
Person who prepares applicant's tax returns, government forms & reports	Title
Address	Phone Number
Location of financial books and records for applicant's business	
Applicant's Printed Name (Last name, First Name, Middle Name)	
Signature of Applicant	Date

OWNERSHIP STRUCTURE

Please list the individual applicant and each key employee, officer, director, partner, shareholder, creditor, associate or owner of any legal or beneficial interest in the application, whether they have ownership interest or not. If an entity (corporation, partnership, LLC, etc.) has interest, list all persons affiliated with such entity, their ownership in the entity, and their effective ownership in the license. List all ultimate parent, parent, holding or other intermediary business interests.

Name	Title	Phone
Address (city, state, zip)		Percentage of ownership
Name	Title	Phone
Address (city, state, zip)		Percentage of ownership
Name	Title	Phone
Address (city, state, zip)		Percentage of ownership
Name	Title	Phone
Address (city, state, zip)		Percentage of ownership
Name	Title	Phone
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Address (city, state, zip)		Percentage of ownership
Name	Title	Phone
Address (city, state, zip)		Percentage of ownership

LICENSING HISTORY

CHECK ANSWER

- | | | |
|---|-----|----|
| 1. Has the applicant, the applicant's parent company or any other intermediary affiliate of applicant ever applied for a gaming license in this or any other jurisdiction, foreign or domestic, whether or not the license was issued? If YES, provide details on a separate sheet, including jurisdiction, type of license, license number, and dates license held or applied for. | YES | NO |
| 2. Has the applicant, the applicants parent company, any other intermediary affiliate of applicant, or any of the persons identified in the ownership structure ever been denied a gaming license, withdrawn a gaming license or had any adverse action taken against any gaming license that they have held in this or any other jurisdiction, foreign or domestic? If YES, provide details on a separate sheet, including jurisdiction, type of action, and date of action. | YES | NO |
| 3. Is the applicant, the applicant's parent company or any other intermediary affiliate of applicant in good corporate standing in Maine and in all other states where it is authorized to transact business? If YES, provide jurisdictions on a separate sheet. If NO, provide details on a separate sheet, including jurisdiction, type of action, and date of action. | YES | NO |
| 4. Has the applicant, the applicant's parent company or any other intermediary affiliate of applicant ever been charged with, or convicted of, any illegal gaming activity in Maine or any other jurisdiction? If YES, provide details on a separate sheet, including jurisdiction, type of action, and date of action. | YES | NO |

FINANCIAL HISTORY

CHECK ANSWER

- | | | |
|---|-----|----|
| 1. Is the applicant, the applicant's parent company or any other intermediary affiliate of applicant delinquent in the payment of any judgments or tax liabilities due to any governmental agency anywhere? If YES, provide details on a separate sheet and attach any documents to prove settlement or resolution of the delinquency. | YES | NO |
| 2. Has the applicant, the applicant's parent company or any other intermediary affiliate of applicant ever held a financial interest in a gambling venture, including but not limited to, a racetrack, dog track, racehorse, or dog, lottery, casino, bookmaking operation, internet casino, card room, bingo parlor or pull tabs, whether or not a license to hold such interest was applied for or received? If YES, provide details on a separate sheet. | YES | NO |
| 3. Has the applicant, the applicant's parent company or any other intermediary affiliate of applicant ever filed a bankruptcy petition, had such a petition filed against it, or had a receiver, fiscal agent, trustee, reorganization trustee or similar person appointed for it? If YES, provide details on a separate sheet and attach any documents from the bankruptcy court. | YES | NO |
| 4. Has a complaint, judgment, consent decree, settlement or other disposition related to a violation of federal, state, or similar foreign antitrust, trade or security law or regulation ever been filed or entered against the applicant, the applicant's parent company or any other intermediary affiliate of applicant? If YES, provide details on a separate sheet and attach any documents to prove the settlement of any of these issues. Include any items currently under formal dispute or legal appeal. | YES | NO |
| 5. Does the applicant, the applicant's parent company or any other intermediary affiliate of applicant now own, has it ever owned, or does it otherwise derive a benefit from, assets held outside the United States, whether held in the business' name or another name, on its behalf or for another entity, or through other business entities, or in trust, or in any other fashion or status? If YES, provide details on a separate sheet. | YES | NO |
| 6. Is the applicant, the applicant's parent company or any other intermediary affiliate of the applicant ever been a party to a lawsuit, either as a plaintiff or defendant, complainant, or respondent, or in any other fashion, in this or any other country? If YES, provide details on a separate sheet and attach any documents to prove the settlement of any of these issues. Include any items currently under formal dispute or legal appeal. | YES | NO |
| 7. Has the applicant, the applicant's parent company or any other intermediary affiliate of applicant ever been a party to a lawsuit, either as a plaintiff or defendant, complainant, or respondent, or in any other fashion, in this or any other country? If YES, provide details on a separate sheet and attach any documents to prove the settlement of any of these issues. Include any items currently under formal dispute or legal appeal. | YES | NO |

FINANCIAL HISTORY (Continued)**CHECK ANSWER**

- | | | |
|--|-----|----|
| 8. Has the applicant, the applicant's parent company or any other intermediary affiliate of the applicant filed a business tax return in the past three years? If YES, attach all business tax returns filed in the past three years. | YES | NO |
| 9. Is the business a prospective business or has it recently begun operations? If so, submit an estimated beginning balance sheet (proforma) and a statement of amount(s) and source(s) of funding for the business and specific documentation to support the declaration. | YES | NO |
| 10. Is the business a party to a lease? If YES, attach copies of all leases to which the business is a party | YES | NO |
| 11. Does the applicant have a compliance committee or compliance officer? If YES, attach a copy of compliance committee minutes or compliance officer reports from the past 12 months. | YES | NO |
| 12. Has any interest or share in the profits from gaming been pledged or hypothecated as security for a debt or deposited as a security for the performance of an act or to secure the performance of a contract? If YES, provide details on a separate sheet. | YES | NO |

FINANCIAL ATTACHMENTS

1. Attach a list detailing the operating and investment accounts for this business, including financial institution name, address, telephone number, and account number for each account.
2. Attach a list detailing each outstanding loan and financial obligation obtained for use in this business including creditor name, address, phone number, loan number, loan amount, loan terms, date acquired and date due.
3. Attach balance sheets and profit and loss statements, certified by independent certified public accountant(s) covering the last three years of the applicant. the applicant's parent company, the applicant's ultimate parent company and any intermediary affiliates of the applicant.
4. If the business entity has been in business for less than three years, attach balance sheets and profit and loss statements from the time of commencement of the business operation and projected for three years from the time of commencement of the business operation.
5. Attach a list of all remuneration to persons other than directors, officers, and key executives exceeding \$50,000 per year.
6. Attach a description of any bonus or profit-sharing agreements within your organization.
7. Supply all existing contracts with businesses in Maine and any contracts over \$500,000 outside of Maine. If there are no written contracts then indicate the business arrangement showing business dealing, phone numbers and address.

AFFIRMATION & CONSENT

Name of Applicant

I, _____, state the following:

- A. That the statements made in the Personal History Disclosure Form and any documents made a part of the Personal History Disclosure Form are true and correct;
- B. That I understand that the information provided on this Personal History Disclosure Form required by the Unit/Board is used by the Unit/Board, along with other information, in judging the applicant's suitability and that this information may be cause for refusal to issue a license; and
- C. That I understand that knowingly making a false statement in the application or in a document made a part of the application, might provide grounds for refusal to issue a license or other disciplinary action, up to and including full revocation or suspension of a license.

I understand that I/the applicant may be subject to criminal prosecution for making false statements on my application, based on the following:

- A. Making a false statement under oath or affirmation constitutes false swearing in violation of 17-A M.R.S.A. § 452 (Class D) provided that I do not believe the statement to be true and that I make the statement with the intent to mislead a public servant performing his/her official duties.
- B. Making a false written statement that I do not believe to be true on my application constitutes unsworn falsification in violation of 17-A M.R.S.A. § 453 (Class D).
- C. Making a false written statement that I do not believe to be true with the intent to deceive a public servant in the performance of his/her official duties constitutes unsworn falsification in violation of 17-A M.R.S.A. § 453 (Class D).

I further consent to any background investigation necessary to determine the present and continuing suitability of the Applicant and that this consent continues as long as the Applicant holds a Maine gaming license or certification, and for 90 days following the expiration or surrender of such gaming license or certification. I understand that further information may be requested of the Applicant in regard to this application, and that the Applicant agrees to supply such information upon request.

I understand that the information provided in this form along with other information will be used by the Unit/Board to judge my suitability and that this information may be cause for the refusal to issue a license.

I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

In witness Whereof, I have executed this release at _____, _____ *City State*
on the ____ **day of** _____, **20** ____

Applicant's Business Name		Trade Name (DBA)	
Printed Full Legal Name of Agent (First, Middle, Last)		Title	
Signature		Date	
State of: _____) *NOTARY USE ONLY*			
County of: _____)			
Subscribed & sworn to before me by: _____			
This ____ day of _____, 20 ____			
My commission expires: _____			
_____ Signature (Notary Public)			

INVESTIGATION AUTHORIZATION AUTHORIZATION TO RELEASE INFORMATION

Company Name

Authorized Name (President/CEO)

On behalf of _____, I, _____, hereby authorize the Maine Gambling Control Unit, Maine Gambling Control Board, any 3rd party contractor, its agents, or employees to conduct a complete investigation into the background of _____, using whatever legal means they deem appropriate.

Company Name

I, on behalf of the applicant, it's legal representatives and assigns, understand and acknowledge that by submitting this application, an investigation to include a full range of criminal history checks, may be performed with regard to persons identified in 8 M.R.S.A., Chapter 31, §1016(3), to include key executives, directors, officers, partners, shareholders, creditors, owners, and associates of _____

Company Name

The Unit / Board reserves the right to investigate all relevant information and facts to its satisfaction. I understand that the Unit / Board may conduct a complete and comprehensive investigation to determine the accuracy of all information gathered. However, the State of Unit / Board, 3rd party contractor, and other agents or employees of the State of Maine shall not be held liable for the receipt, use, or dissemination of inaccurate information from any source.

I, on behalf of the applicant, its legal representatives and assigns, consent to the disclosure of information on the applicant and any person subject to investigation under 8 M.R.S.A., Chapter 31, §1016(3) by the Unit / Board, 3rd party contractor, to any law enforcement or any regulatory agency of this or any other state, the government of the United States, any foreign country, or any Indian Tribe.

I, on behalf of the applicant, its legal representatives and assigns understand information could include any information contained within the application filed by _____ within any financial or personnel record, and information obtained from any source, or any information maintained by the Unit / Board, 3rd party contractor, unless otherwise designated confidential by law.

I, on behalf of the applicant, its legal representatives and assigns, hereby release, waive, discharge, and agree to hold harmless, and otherwise waive liability as to the State of Maine, the Unit / Board, 3rd party contractor, and other agents or employees of the State of Maine for any damages resulting from any use, disclosure, or publication in any manner, other than a willfully unlawful disclosure or publication of any material or information acquired during inquiries, investigations, or hearings, and hereby authorize the lawful use, disclosure, or publication of this material or information.

Applicant's Business Name		Trade Name (DBA)	
Printed Full Legal Name of Agent (First, Middle, Last)		Title	
Signature		Date	
NOTARY USE ONLY			
State of: _____)			
County of: _____)			
Subscribed & sworn to before me by: _____			
This _____ day of _____, 20 ____			
My commission expires: _____			

Signature (Notary Public)

APPLICANT'S REQUEST TO RELEASE INFORMATION

APPLICANT NAME

ON BEHALF OF THE APPLICANT:

TO:

(Do Not Write Above This Line – For Gaming Control Board Use Only)

NOTE: IF YOU ARE MARRIED, YOUR SPOUSE'S SIGNATURE IS REQUIRED BELOW.

1. I/We hereby authorize and request full disclosure and release of any and all information, materials, and documents concerning me/us requested by the Maine Gambling Control Unit / Board, 3rd party contractor, its agents, or employees, whether the information, materials, and documents are of a public, private, or confidential nature and whether the information, materials, and documents would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.
2. I/We understand that my application will result in a financial records check. I/We authorize the person named above to release to the Unit / Board, 3rd party contractor, its agents, or employees, a complete and accurate record of my/our financial transactions, including but not limited to internal banking memorandum, past and present loan applications, checking account records, savings deposit records, safe-deposit box records, securities transactions, and any other documents relating to my/our personal or business financial records in whatever form and wherever located.
3. I/We authorize the Unit/ Board, 3rd party contractor, its agents, or employees to determine the person or entity to which this request is to be presented and to insert that person or entity's name in the appropriate location in this request.
4. I/We understand that the Unit / Board, 3rd party contractor, its agents, or employees will conduct a complete and comprehensive investigation to determine the validity of all information gathered. The Unit, the State of Maine, and the agents and employees of either will not be held liable for inaccurate information.
5. If this request is not sufficient to obtain access to certain records, I/We understand that I/We or another authorized representative of the applicant may be asked to sign another appropriate authorization or release and that any failure to do so may be taken into consideration by the Unit / Board, 3rd party contractor, its agents, or employees in reviewing the application.
6. I/We understand that I/We may revoke this request in writing at any time and that the Unit / Board, 3rd party contractor, its agents, or employees may take the revocation into consideration in reviewing the application.
7. This request is valid for a period not to exceed 18 months from the date of execution.
8. I/We, for the applicant and its agents, administrators, successors, and assigns, hereby release the providers of the information collected pursuant to this request, and their agents and employees, from any and all liability arising out of or by reason of complying with this request.
9. A photocopy of this request will be considered as valid and effective as the original.

Printed Full Legal Name of Agent (First, Middle, Last)	DOB
Signature	Date
Printed Spouse's Full Legal Name of Agent (First, Middle, Last)	DOB
Signature	Date

State of: _____) ***NOTARY USE ONLY***
County of: _____)
Subscribed sworn to before me by: _____,
This _____ day of _____, 20 ____
My commission expires: _____

Signature (Notary Public)