



Division of Charitable Gaming

Manufacturer/Distributor
Electronic Bingo Aid Shipping Report

NAME OF SUPPLIER:

PERSON RESPONSIBLE FOR SHIPPING: (Print Name) (Title)

SHIP DATE: PHONE: EMAIL:

LOCATION SHIPPED FROM:

ADDRESS: (Street address) (City, Town or Village) (State) (Zip Code)

CONTACT PERSON: (If different) (Print Name) (Title)

TOTAL NUMBER OF DEVICES SHIPPED:

NAME OF DEVICE(S) SERIAL NUMBER(S) (attach add'l sheet if necessary)

NYS GAMING COMMISSION APPROVAL DATE:

TESTED BY: COMPLIANCE TEST DATE:

DELIVERY DESTINATION:

ADDRESS: (Street address) (City, Town or Village) (State) (Zip Code)

DELIVERY DATE:

COMPANY RESPONSIBLE FOR DEVICE REPAIRS:

I hereby acknowledge the following. Any changes or modifications made to any electronic bingo aid, or replacement thereof after shipment into NYS reported to the NYS Gaming Commission pursuant to Commission Rule 4823.6(a) shall be reported to the Commission by the supplier or its agent no later than 48 hours after such change, modification or replacement. Failure by any supplier to provide the notice herein required shall constitute cause for denial of pending license, suspension or revocation of Commission approval for an electronic bingo aid, or suspension or revocation of a license which has been granted.

(Signature) (Title) (Date)

(Print Name)