

**REQUEST FOR REGISTRATION
UNDER THE GAMBLING DEVICES ACT OF 1962
(Please type or print legibly responses to all items.)**

Date: _____

US Department of Justice
950 Pennsylvania Avenue, NW
Criminal Division, OEO
Gambling Device Registration Unit
JCK Building, Room 1048
Washington, DC 20530-0001
Fax: (202) 353-7675

Attention: Sandra A. Holland

Dear Mrs. Holland:

I am requesting registration under the Gambling Devices Act of 1962 (15 U.S.C. 1171-1178) for Calendar Year _____.

1. Registrant's name (name of business, company, organization, or individual):

2. Trade name(s)/other name(s) registrant is doing business as (dba):

3. Names and titles of the officer(s) or owner(s):

4. Street address of registrant's business location(s) or registrant's home address, if not engaged in business:

5. Address registration confirmation letter should be mailed to:
6. Street address in a state or possession of the United States where required gambling device records can be viewed:
7. Activities involving gambling devices which require registration under the statute (a check mark indicates which activities registrant intends to engage in):

Manufacturing Repairing Reconditioning
 Buying Selling Leasing
 Using Making available for use by others
 Personal home use only

Sincerely,

(Signature)

(Printed name)

Contact telephone number or email address: _____

Paperwork Reduction Act Notice

Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a valid OMB control number. The information we are collecting is mandated by 15 U.S.C. 1173. We estimate that it will take five minutes to complete this form. If you have comments regarding the accuracy of this estimate, or suggestions for making this form simpler, please contact us at the address given above.