

VGM REPORTING SYSTEM OWNER/OPERATOR REGISTRATION FORM

Montana Department of Justice, Gambling Control Division
2550 Prospect Ave. • PO Box 201424 • Helena, MT 59620-1424
Phone: (406) 444-1971 • Fax: (406) 444-9157

Type or print legibly using blue ink.

Machine owners must file a registration form to register the approved accounting and reporting system for the machines they own and use that system to report machine data to the Division. Once the Division receives the form, it will send the applicant a notice with a PIN and instructions on how to use the system.

MACHINE OWNER INFORMATION:

LICENSEE NAME

ADDRESS

CITY, STATE, ZIP CODE

ACCOUNT NUMBER (000000-XXX-GOA)

PHONE NUMBER

FEDERAL TAX ID NUMBER

NAME OF CONTACT FOR NOTIFICATIONS
(Can be an accountant, route operator or bookkeeper, etc.)

E-MAIL ADDRESS OF CONTACT
(Additional e-mail addresses should be provided on a separate sheet of paper)

MACHINE INFORMATION: Upon submission and approval of this form, meter readings from all of the machines owned by the applicant and in operation at this location must be reported electronically at the time intervals and using the approved accounting system selected below.

Accounting System Information:

Please indicate the reporting frequency – weekly or biweekly – and the day of the week meter data will be reported:

Check one: Weekly Biweekly

Check one: Mon Tues Wed Thurs Fri

Check the box that best explains the accounting system you will be using:

Approved System

Name of System: _____

Web Entry

PRINTED NAME: _____

SIGNATURE: _____

DATE: _____