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

Date:						
950 P Crimi Gamb JCK I Wash	epartment of Justice ennsylvania Avenue, NW nal Division, OEO bling Device Registration Program Building, Room 1033 ington, DC 20530-0001 202) 353-7675					
	Attention: Sandra A. Holland					
Dear 1	Mrs. Holland:					
for Ca	I am requesting registration under the Gambling Devices Act of 1962 (15 U.S.C. 1171-1178) alendar 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	s registration confirm	nation let	ter should be mail	ed to:				
6.		Street address in a state or possession of the United States where required gambling device ecords 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 availabl	e for use by	others			
		Personal home use only							
				Sincerely,					
				(Signature)					
				(Printed name)					
Conta	ct telepho	one 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.