APPLICATION TO REGISTER A CONTROLLED MACHINE

Notes to Applicants

This form should be completed by a company wishing to apply to the Gambling Supervision Commission (GSC) for a Licence to register a controlled machine in accordance with the Gaming (Amendment) Act 1984.

This form should be completed in conjunction with the GSC's integrity guidance. Please complete in capital letters using black ink.

This application and all accompanying documents and correspondence must be in English. Please return to the GSC at the address below when completed.

Ground Floor, St George's Court | Myrtle Street, Douglas | Isle of Man, IM1 1ED

+44 (0)1624 694331 GSCApplications@gov.im

www.isleofmangsc.com

DETAILS OF CONTROLLED MACHINE			
Applicant Company Name			
Machine Name			
Tag Number*			
Machine Type	AWP ☐	QWP ☐	AO ☐
Stake Per Line			
Jackpot			
Machine Site			
Manufacturer			
Serial Number			
Return to Player % the machine will be set to			
Meter Readings	Cash In	Cash Out	

DECLARATION

The Applicant Company hereby applies to the Gambling Supervision Commission to register a Controlled Machine as defined under Section 1 of the Gaming (amendment) Act 1984.

If you wish to register more than one machine please continue on the attached form.

The undersigned Officer of the Applicant Company hereby agrees:-

- To furnish any further information the Commission require when considering this application; and
- To notify the Commission immediately of any material changes in the information provided in this application.

I/We certify that the information provided in this application is, to the best of our knowledge and belief, complete and correct.

Signed	
Date of signature	
Position Held	
Tag Date	

DETAILS OF CONTROLLED MACHINE

*** Tag number to be completed by the GSC**

Machine Name	Tag Number*	Machine Type AWP/ QWP/ AO	Stake per line	Jackpot	Manufacturer	Serial Number	RTP	Meter Readings		
								Cash In	Cash Out	Hand / token pay
			£	£				£	£	
			£	£				£	£	
			£	£				£	£	
			£	£				£	£	
			£	£				£	£	
			£	£				£	£	
			£	£				£	£	
			£	£				£	£	
			£	£				£	£	
			£	£				£	£	
			£	£				£	£	
			£	£				£	£	
Inspector signature										
Date of signature										