



STATE CERTIFICATION FORM

(N.J.A.C. 13:47-13.7)

(Please fill out and fax or mail back to Kathy Gallagher at (609)801-015. To be filed by the equipment provider within 48 hours after agreeing to provide armchair race, casino night or raffle equipment).

Equipment Provider Name: Tumbling Dice

Equipment supplied to: _____

Contact Name: _____

Contact Phone Number: _____

Address of Organization: _____

City, State, Zip: _____

LGCCC Registration #: _____

Registration expiration date: _____

Address of place equipment installed:

Name: _____

Address: _____

City, State, Zip: _____

Date of Event: _____

Time of Event: _____

Description of Equipment::

CASINO

() *Blackjack*; () *Craps*; () *Roul(D or S)*; () *\$ Wheel*; () *Poker*

Other: _____

HORSE RACING

() *# of Races* () *# of Fields*

Amount of charge: _____
(TDE Use Only)

Signature of Supplier: _____
(TDE Use Only)

Date Filed: _____
(TDE Use Only)