



**PENNSYLVANIA SMALL GAMES
OF CHANCE REQUEST FOR
DISPENSING MACHINE APPROVAL**


SECTION I MANUFACTURER INFORMATION				
Business Name			FEIN	Account ID
Contact Person Name	Telephone Number	Fax Number	Email Address	
Contact Person Address	City		State	ZIP Code

SECTION II REQUEST FOR DISPENSING MACHINE APPROVAL

INSTRUCTIONS FOR SUBMISSION OF PENNSYLVANIA SMALL GAMES OF CHANCE REQUEST FOR DISPENSING MACHINE APPROVAL FORM

1. Name of Machine – Enter the machine name.
2. Model Number(s) – Enter the model number of the dispensing machine.
3. Description of Machine – Enter a description of how the dispensing machine works.
4. Sign and date this Request for Dispensing Machine Approval.
5. Please submit by email to **RA-SGOC@pa.gov**, or by mail to:

**PA DEPARTMENT OF REVENUE
PO BOX 280906
HARRISBURG PA 17128-0906**

 **NOTE:** A copy of the brochure must be provided for each machine submitted for approval. Any additional machine information and description on how the machine works must also be provided.

Name of Machine _____

Model Number(s) _____

Description of Machine _____

SECTION III CERTIFICATION

I certify that all information submitted herein is true and correct.

Name	Signature	Title	Date

