

# NEW JERSEY DIVISION OF GAMING ENFORCEMENT TECHNICAL SERVICE BUREAU

## KIOSK EQUIPMENT SUBMISSION HARDWARE/SOFTWARE FORM

Date: \_\_\_\_\_

Emergency:  Yes  No      If yes, attach deficiency report.

### **A. Identification**

Manufacturer: \_\_\_\_\_

Kiosk System Name: \_\_\_\_\_

Kiosk Software Version: \_\_\_\_\_

Kiosk Operating System Version: \_\_\_\_\_

Backend Computer Type: \_\_\_\_\_

Backend Operating System Version: \_\_\_\_\_

Backend Application Version: \_\_\_\_\_

Describe request for approval. When applicable, explain the problematic scenario observed at the casino for the particular modification.

### **B. Hardware/ Software**

Is this submission for Hardware and/or Software?

- Hardware - Complete Sections C, D, and F
- Software - Complete Sections C, E, and F

### **C. New/Modification**

Is the submitted program a new program or a modification of a previously approved program?       New       Modification

- 1) If New, submit all materials required by N.J.A.C. 19:46-1.28 for a prototype submission.
- 2) If Modification:
  1. Attach a list and description of all changes made to the item(s) referenced in section A. For example, provide a sequential description of the converted "dif" files on any submitted program. For each change, include the module affected and the reason. Updated schematics and hardware listings.

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- 2. Prior Version \_\_\_\_\_ prior approval # \_\_\_\_\_  
Program Identification DGE File #
- 3. Is this a mandatory replacement?  Yes  No  
If yes, state reason: \_\_\_\_\_
- 4. This item is "backward" compatible without limitations.  
 Yes  No  
Describe limitations if applicable. \_\_\_\_\_
- 5. Attach complete list of all known issues and their impact, such as those found during testing and/or field issues reported in other jurisdictions. If applicable, explain the problematic scenario observed that prompted the particular modification.
- 6. List all outstanding issues resolved since the last approved version. Explain how they are resolved in this version.
- 7. Do the described changes impact the kiosk integrity or security?  
 Yes  No  
If yes, highlight those changes in description.

**D. Hardware Specific Information**

- 1) Identify all hardware affected by this change and reason for update.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 2) Are all schematics and drawings included?  Yes  No

**E. Software Specific Information**

- 1) Bill Validator used in the kiosk:  
Model: \_\_\_\_\_ Firmware version: \_\_\_\_\_
- 2) Does this change affect any reports?  Yes  No  
If yes, list each report and the corresponding changes.
- 3) Is there a new report?  Yes  No  
If yes, identify each report modified and fully explain the reason for creation of the report and nature of the report.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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4) Identify in full, all software modules affected by this change.

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5) Identify in full, all operating system modules affected by this change.

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6) Provide a list of all the critical program files (such as .exe and .dll files) used in the kiosk system, their version numbers, their functionalities, and indicate if any changes were made.

**F. General Information**

1) Signed detail results of Quality Assurance (QA) tests conducted for the purpose of this submission are include herein?  Yes  No

\_\_\_\_\_  
QA Tester Name

\_\_\_\_\_  
QA Tester Title

\_\_\_\_\_  
QA Tester Signature

2) List specific information about ticketing system used to test the modified hardware/software.

System	Version	Communication Protocol
(sample) Bally SDS	8.2 Supplemental 8	SAS 6.01

3) Was any simulator used for testing:  Yes  No

**NOTE: TEST RESULTS PRODUCED WHILE UTILIZING A SIMULATOR ARE NOT CONSIDERED A VALID VOUCHER TEST**

4) Indicate which of the following feature were tested on the Kiosk?  
**(check all that apply)**

Feature	Tested?
Voucher Redemption	<input type="checkbox"/>
Bill Breaking	<input type="checkbox"/>
Coupon Redemption	<input type="checkbox"/>
ATM Transactions	<input type="checkbox"/>
Jackpot Payout	<input type="checkbox"/>

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List any/all defects encountered during testing:

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5) Reports

The following reports are required for all slot machines. Indicate which reports in this submission are in compliance or non-compliance with the regulatory requirements.

<b><u>Report</u></b>	<b><u>Regulation</u></b>	<b><u>Compliant</u></b>	<b><u>Non-compliant</u></b>
Gaming Voucher Redemption Machine Report	19:45-1.33A(a)5		
Coupon Redemption Report	19:45-1.33A(a)6		
ATM Transaction Report	19:45-1.33A(a)7		
Balance Report	19:45-1.33A(a)9		
Inventory Report	19:45-1.35A(n)		
Automated Jackpot Payout Machine Journal Report	19:45-1.35A(o)		
Gaming Voucher Redemption Machine Journal Report	19:45-1.35A(p)		
Bill Validator Receipt	19:45-1.33A(a)3		
Credit Receipt	19:45-1.35A(f)1		
Fill Receipt	19:45-1.35A(f)3		

- 6) Tower Light, N.J.A.C. 19:45-1.37B. Compliant with GSA Light Tower proposal specifications posted as of 08/22/05 or subsequently adopted GSA revisions.  
 Yes  No

**CERTIFICATION**

I hereby certify that the information and representations made in this “Kiosk Equipment Submission Hardware/Software Form” and in the attachments hereto, are true, accurate and complete. I understand that if any of the statements, data, or information contained herein are willfully false, I am subject to punishment. I further understand that if the information contained herein is inaccurate, for any reason, the company is subject to a civil penalty to be imposed by the New Jersey Division of Gaming Enforcement.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Name (PRINT) \_\_\_\_\_

**SUBMISSION IS NOT DEEMED COMPLETE UNTIL SOFTWARE, MATERIALS, AND ALL ASSOCIATED EQUIPMENT ARE INSTALLED AT THE LAB AND DEMONSTRATED TO OPERATE AS REPORTED.**

Date of Demo \_\_\_\_\_

Signature of Manufacturer Representative \_\_\_\_\_

Print Name of Manufacturer Representative \_\_\_\_\_

DGE Representative \_\_\_\_\_