

**NEW JERSEY DIVISION OF GAMING ENFORCEMENT
TECHNICAL SERVICE BUREAU**

BILL VALIDATOR SOFTWARE SUBMISSION FORM

Received: _____
File No: _____ Lab Use Only

Software Submitted By: _____

Manufacturer of Bill Validator: _____

Model of Bill Validator: _____

Is this an emergency submission? _____ Yes _____ No

If YES, attach a Deficiency Report.

Bill Validator Software Program ID: _____

Version Code Date and Checksum: _____

Media Used to Store Software: _____ EPROM _____ Alterable Media

(a) If Alterable Media is used, does verification process comply with rules for utilizing Alterable Media storage? N.J.A.C. 19:45-1.26B

Is at least one copy of the submitted software in the aforementioned media included? _____ Yes _____ No

Does submitted software program(s) replace a previously approved program(s)? _____ Yes _____ No

If YES, identify the software program(s) to be revoked: _____

Describe changes: _____

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Denominations capable of being accepted?: *(please check appropriate boxes)*

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$1.00	\$2.00	\$5.00	\$10.00	\$20.00	\$50.00	\$100.00	Voucher	Coupon

Are DIP switches and/or Jumper settings used with the submitted software?

_____ Yes _____ No

If YES, provide documentation that explains setting selections.

Does the software render the Bill Validator inoperable when the Cash Box is full?

_____ Yes _____ No

Does the software render the Bill Validator inoperable when any access door is opened?

_____ Yes _____ No

Does the software incorporate tilt/malfunction codes? _____ Yes _____ No

Describe the types of tilt/malfunction codes and the means by which they are displayed/identified?

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CERTIFICATION

(To be completed by the person responsible for accuracy of this checklist and attached documents).

I hereby certify that the information and representations made in this “Bill Validator Software Submission 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.

[Redacted Signature Box]

Signature

[Redacted Title Box]

Title

[Redacted Date Box]

Date

[Redacted Print Name Box]

PRINT NAME