NEW JERSEY DIVISION OF GAMING ENFORCEMENT TECHNICAL SERVICE BUREAU

SLOT MONITORING EQUIPMENT SUBMISSION HARDWARE/SOFTWARE FORM

			Received:	<u>:</u>
			File No:_	Lab Use Only
				Lab Use Only
e:		10 1	1 6 :	
		If yes, attach	deficiency	report.
nufacturer:				
tem Name:				
tem Software Ver	rsion:			
erating System Ve	ersion:			
				ch detailed description. t the casino for the partic
Does this cha	nge affect the da	atabase content that is		eate revenue reports? No
If yes, please	fully explain ho	w. Identify modules	affected an	d reasons for changes.
Does this cha	nge affect any re	eports? If yes, list each	-	nd the corresponding No
Is this a new i	renort?			No
	•	odified and fully expl		on for creation of the rep
· · · · · · · · · · · · · · · · · · ·	•	odified und fairy expir	ani the reas	on for creation of the rep
and nature of	the report.			
Identify in ful	ll all software m	odules affected and th	neir functio	n.
Specif	fically identify re	evenue related modul	es affected.	

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	List he	ere or reference attachment	·.			
6.	Identify in full, all operating system modules affected by this change.					
7.	Identify all hardware affected by this change and reason for update.					
0						
8.	Include all "diff" files for each affected module. This file must show the code changes included. Yes No					
9.	Detail results of Quality Assurance (QA) tests conducted for the purpose of this submission are included herein? Yes No					
10.	Tester's Name:					
11.	List specific i	nformation about games us OTE: ONLY SPECIFIC GAM FOR USE WITH TH	sed to test the modified IES LISTED WILL BE API IIS SYSTEM SOFTWARE	hardware/software. PROVED		
GAM	E (Make, Model)	MAIN PROGRAM	PROTOCOL	COMMUNICATION CHIP		
(sample	e) Bally S6000		SAS 6.01	ECO 1878		
12.	Was any simu	lator used for testing:	Yes No			

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

		Accounting Meters Verified		
Fe	eature	Game Meter	System Meter	
	Vouchers (Cashable)			
	Vouchers (Non-Cashable)			
	Coupons (Cashable)			
	Coupons (Non-Cashable)			
	Electronic Fund Transfer			
	to the Game (EFT)			
Li	ist all defects encountered during to	esting:		
Li	ist all defects encountered during to	esting:		
_				
14.	List software versions used during components used for data co			
14.	components used for data co			
X	components used for data co	llection/transmission fro		
X C	components used for data co	llection/transmission fro		
K C 2 Leve	components used for data co	llection/transmission fro		
X C 2 Leve	components used for data co	llection/transmission fro		
X	components used for data co	llection/transmission fro		
X C 2 Leve RL VA MENI	components used for data co	llection/transmission fro		
K C 2 Leve RL VA MENI	components used for data co	Bally SDS		
Z C 2 Leve RL /A MENI MMU	el ET NICATION PROTOCOL	llection/transmission fro		
Z Leve RL /A MENI MMU	el ET NICATION PROTOCOL E PACK	Bally SDS		
Z Levo RL /A MENI MMU	el ET NICATION PROTOCOL E PACK E	Bally SDS		
C C 2 Leve RL VA MENI MMU	el ET NICATION PROTOCOL E PACK E OX	Bally SDS		

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	_				
SMSCS					
PPS_SI					
HASTO					
SMSDI					
DSA-B	T DROP INTERFACE				
	T RECONCILIATION				
IVIEW					
PPE					
	MUNICATION PROTOCOL				
	EZ-I	PAY			
	ATING SYSTEM				
	H PROGRAM				
	PROGRAM				
	R/SET CHIP				
	APPLICATIONS (TYPE AND VERSIONS)				
	PROGRAMS (TYPE AND VERSIONS) MUNICATION PROTOCOL				
COMIN	IOMENTIONTROTOCOL				
15.	Cite Testing Period or Volume of Voucher	S			
	E				
16.	Cashier station tested: Yes No				
17.	Kiosks tested: Yes No				
	1. If yes, list manufacturer and software v	version for each:			
	Kiosk Model OS Version	cision for cacii.			
	THOSE MODEL				
					
	2. Was a drop simulated during testing?	Yes	No		
	3. If yes, did the accounting report recond	eile? Yes	No		
	(submit reports generated)				
18.	Was the security feature enabled during te	sting? Yes	_ No		
	1. If yes, please list security features (i.e.	MD5, CRC, etc)			
	2. Are the communications encrypted:	Yes			
	3. Is the data encrypted:	Yes	No		
	4. Identify all security critical modules: a	ttachment? Yes	No		
	5. Identify the location of each module. (i.e. directories, subdirectories).				
	6. Explain why the change was needed.		,		
					

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	7.	Provide a schematic of the data transmission from the gapplicable security for each section. Attached as Appendix: Yes No	game to t	he system	n and indicate
19.	Ma	ke sure all reports indicate the make and model for the	machines	s from see	ction eleven
	Att	ach all of the following reports for the same testing peri	od:		
	1.	Issued voucher report for testing period:		<u>eted?</u> No	
	2.	Redeemed voucher/coupon report for testing period:			
	 System Parameter report for testing period: Is liability report correct for testing period? Any applicable security feature reports: 			No	
				No	. <u></u>
				No	
	6.	Progressive Reports:	Yes	No	<u> </u>
	7.	Electronic fund transfer testing.	Yes	No	
		Certification			
	attac	eby certify that the information and representations made himents herewith are true and accurate. I understand that lation contained in this document are willfully false, I m	t if any o	f the stat	ements or
Signature		Title	Date		
ASSC	OCIA	ION IS NOT DEEMED COMPLETE UNTIL SOFTWATED EQUIPMENT ARE INSTALLED AT THE LAB E AS REPORTED.			
		Date of Demo			
		System Rep DGE Rep			
		DOL KCP			