

###### ORDER

for assessing a gaming machine for issuing a Certificate of Operability pursuant to ČNR Act No. 202/90 as amended

Job No.:

Sample No.:

**do not fill in – to be filled in by EZÚ**

**Electrotechnical Testing Institute (EZU)** Phone: **266 104 111**

# Pod lisem 129, 171 02 Praha 8 – Troja Fax: 284 680 037

# Id.No.: 00001481, Tax Id. No.: CZ 00001481, incorporated in Commercial Register kept by Prague MC in Section A, File 33767 E-mail: certif@ezu.cz

***1 order for:***

(A) registration of a new gaming machine model

**(B) registration of a program change**

**(C) Certificate of operability**

***2 customer*** *(business name)****:***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Address | | Customer’s Order No.: | | | |
| Bank details: | | Id. No.: | | Tax Id. No.: | |
| Incorporated in: | | | | | |
| Authorised person for contractual matters: | phone: | | e-mail: | | fax: |
| Authorised person for technical matters**:** | phone: | | e-mail: | | fax: |

***3 gaming machine***

|  |  |
| --- | --- |
| **Hardware:** | **Software** (program)**:** |
| Type (case - cabinet see manufact. plate): | Model - game: |
| Manufacturer: | Manufacturer: |
| Address: | Address: |
| **Date of manufacture** declared by hardware manufacturer *(fill in only if Order C))*: | |
| **Serial No(s).** *(fill in only if Order C))*: | |

***4 essential assessment information***

|  |
| --- |
| Maximum amount that can be bet per single game: |
| Maximum possible win from one game: |
| Set winning odds: |
| Certificate of compliance according to Act 22/97 issued for the machine?  ***Yes***  ***No*** |
| Does the machine have a double check system of inserted and paid out money?  ***Yes***  ***No*** |
| Can the machine’s electro-mechanic counter be reset to zero?  ***Yes***  ***No*** |

***5 documents enclosed with this order***

# Documents required for order types (A), (B), (C) (see 1 above) are listed on the reverse side of this Order form.

## declaration *(required for Order C) only)*:

## The customer declares that the same order has not been submitted to

## another organisation authorised by the MF ČR*[ministry of finance]*

     

Date Imprint of customer’s stamp Name and signature of customer’s authorised officer

***Please submit a filled in Order form by post, fax or e-mail to the contact address/number shown above***