



STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
DIVISION OF PARI-MUTUEL WAGERING

[www.MyFlorida.com/dbpr](http://www.MyFlorida.com/dbpr)

Application Date: _____																					
FAX TO: Chief of Slot Operations																					
<p><b>SLOT MACHINE AND COMPONENT APPLICATION FOR SHIPMENT INTO/OUT OF OR WITHIN THE STATE</b></p> <p>If assistance is needed in completing this application, please call DBPR at 850-487-1395.</p>																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;"><u><b>Seller/Shipper Information</b></u></th> <th style="width: 50%;"><u><b>Purchaser/Recipient Information</b></u></th> </tr> <tr> <td>_____ Seller      _____ Shipper</td> <td>_____ Purchaser      _____ Recipient</td> </tr> <tr> <td>Name:</td> <td>Name:</td> </tr> <tr> <td>Address:</td> <td>Address:</td> </tr> <tr> <td>City/State/Zip:</td> <td>City/State/Zip:</td> </tr> <tr> <td>Phone Number:</td> <td>Phone Number:</td> </tr> <tr> <td>Ship FROM:</td> <td>Purchaser:</td> </tr> <tr> <td>Address:</td> <td>Address:</td> </tr> <tr> <td>City:</td> <td>City:</td> </tr> <tr> <td>State/Zip:</td> <td>State/Zip:</td> </tr> </table>		<u><b>Seller/Shipper Information</b></u>	<u><b>Purchaser/Recipient Information</b></u>	_____ Seller      _____ Shipper	_____ Purchaser      _____ Recipient	Name:	Name:	Address:	Address:	City/State/Zip:	City/State/Zip:	Phone Number:	Phone Number:	Ship FROM:	Purchaser:	Address:	Address:	City:	City:	State/Zip:	State/Zip:
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Address:	Address:																				
City:	City:																				
State/Zip:	State/Zip:																				
<b><u>DESTINATION INFORMATION</u></b>																					
Requested Shipment Date:	Requested Receiving Date:																				
Designated Receiver:	Phone:																				
Receiving Address Physical Street & City:																					
Receiving Address State & Zip:																					
Carrier [mark one or more]: _____ Commercial      _____ Private																					
Carrier Name:	Phone:																				
Carrier Contact/Dispatch Name:																					
Carrier Address Street & City:																					
Carrier Address State & Zip:																					
Number of Devices/Seals Applied: _____ Slot Machines      _____ Components																					
<b>Note:</b> If additional carrier(s) is/are used, provide identification and device information on continuation sheet and attach to this application.																					
<b><u>SCHEDULED SHIPMENT PLANNING &amp; APPROVAL</u></b>																					
Shipment Date Approved:																					
Rally/Meeting Point for Shipment Inspection:																					
Scheduled time for DBPR Inspection:																					
DBPR Contact	Name:																				
	Number:																				
Shipper/Receiver Contact	Name:																				
	Number:																				
Shipment Inspected and Completed:																					