



Card-Minding Systems Form

FORMID 153

WHO MUST SUBMIT THIS FORM

Each distributor that leases, sells, or otherwise furnishes a card-minding system must submit this form before the initial use by a licensed authorized organization.

The manufacturer and distributor shall notify the Commission of any changes they have made in the protocols, usernames, passwords, and any other required information needed to access the system within ten (10) calendar days of the change.

Before the complete removal or hardware up-grade of any card-minding system, each distributor must supply one copy of the data files to each licensed authorized organization that utilized the card-minding system and maintain one additional copy for a period of 48 months.

Distributors must continue to notify the Commission before completely removing or installing systems at bingo halls.

Submit completed form to:

USPS Delivery: Texas Lottery Commission, Charitable Bingo Operations Division, PO Box 16630, Austin, TX 78761-6630

Courier Delivery: Texas Lottery Commission, Charitable Bingo Operations Division, 1801 Congress Ave., Austin TX, 78701

Fax: 1-512-344-5212 **Email:** bingo.services@lottery.state.tx.us **Phone:** 1-800-246-4677

DISTRIBUTOR INFORMATION

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Distributor's Name	License Number	Taxpayer Number	Phone Number
<input type="text"/>			<input type="text"/>
Technical Support Contact Name			Tech Support Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Modem Number or IP Address	Access Number	All Current Protocol, Usernames, Passwords	
<input type="text"/>		<input type="text"/>	
Any other required information needed to access the system		Remote Access Program and Version Number	

SYSTEM

<input type="text"/>	<input type="checkbox"/> Modified	<input type="checkbox"/> New	<input type="text"/>	<input type="text"/>
Expected System Startup Date			Install Date	Removal Date

MANUFACTURER INFORMATION

<input type="text"/>	<input type="text"/>	<input type="text"/>
Manufacturer's Name	Taxpayer Number	Phone Number
<input type="text"/>		
Model and Version Number of the Card-minding System		
<input type="text"/>		
All Current Protocols, Usernames, Passwords		
<input type="text"/>	<input type="text"/>	
Any other required information needed to access the system	Remote Access Program and Version Number	

I certify as a representative of the manufacturer that the remote connectivity is operating properly.

sign here	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Applicant's Signature	Print Name and Position/Title in Manufacturer	Date

HALL INFORMATION

_____ Name of the bingo premises	_____ Lessor's Taxpayer ID# (If Applicable)	_____ Phone Number
_____ Physical Address		

NAME(S) OF LICENSED AUTHORIZED ORGANIZATION(S) TO WHOM THE CARD-MINDING SYSTEM WAS SOLD, LEASED, OR OTHERWISE FURNISHED

_____ Name of licensed authorized organization	_____ Taxpayer Number
_____ Start Date	_____ End Date

_____ Name of licensed authorized organization	_____ Taxpayer Number
_____ Start Date	_____ End Date

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_____ Start Date	_____ End Date

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