



STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
DIVISION OF PARI-MUTUEL WAGERING  
www.myfloridalicense.com

Application Date: _____ FAX TO: Chief of Slot Operations	
<b>SLOT MACHINE AND COMPONENT APPLICATION FOR SHIPMENT INTO/OUT OF OR WITHIN THE STATE</b> If assistance is needed in completing this application, please call DBPR at 850-487-1395.	
<b><u>Seller/Shipper Information</u></b>	<b><u>Purchaser/Recipient Information</u></b>
_____ 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:
<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:	