

**CALIFORNIA GAMBLING CONTROL COMMISSION**

Address: 2399 Gateway Oaks Drive, Suite 220 • Sacramento, CA 95833-4231  
 Phone: (916) 263-0700 • FAX: (916) 274-0689



**Tribal-State Compact Gaming Device Certification Form**

**Section 1 – General Information**

Name of Tribe \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

**Section 2 – Quarterly Gaming Device Information**

Enter the highest number of gaming devices operated on any given day during the quarterly period reported.

<b>Quarterly Period (Check One)</b>	<b>Class III Devices In-State</b>	<b>Class III Devices Out-of-State</b>	<b>Class II Devices In-State</b>	<b>Class II Devices Out-of-State</b>
<input type="checkbox"/> 07/01/2016 – 09/30/2016	_____	_____	_____	_____
<input type="checkbox"/> 10/01/2016 – 12/31/2016	_____	_____	_____	_____
<input type="checkbox"/> 01/01/2017 – 03/31/2017	_____	_____	_____	_____
<input type="checkbox"/> 04/01/2017 – 06/30/2017	_____	_____	_____	_____

**Section 3 – Certification**

**Certification Statement:** The information reported above is, to the best of my knowledge and belief, true, correct, and complete.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**NOTE:** Please do NOT complete, sign, or date this form until AFTER the end of each quarter. The reported number of devices is subject to verification.

This form is required in lieu of a quarterly RSTF eligibility inspection. However, an RSTF eligibility inspection may be conducted as necessary for the Commission, as Trustee of the RSTF, to ensure that Tribes who receive RSTF distributions remain eligible for such distributions.