

CALIFORNIA GAMBLING CONTROL COMMISSION

Address: 2399 Gateway Oaks Drive, Suite 220 • Sacramento, CA 95833-4231
Phone: (916) 263-0700 • FAX: (916) 274-0689
Email: quarterlyforms@cgcc.ca.gov



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.

Quarterly Period (Check One)	Class III Devices In-State	Class III Devices Out-of-State	Class II Devices In-State	Class II Devices Out-of-State
<input type="checkbox"/> 07/01/2020 – 09/30/2020	_____	_____	_____	_____
<input type="checkbox"/> 10/01/2020 – 12/31/2020	_____	_____	_____	_____
<input type="checkbox"/> 01/01/2021 – 03/31/2021	_____	_____	_____	_____
<input type="checkbox"/> 04/01/2021 – 06/30/2021	_____	_____	_____	_____

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.