



# Disposal or Out-of-State Sale of Video Lottery Terminal

*This form may be completed on-line or printed for hard-copy use.* Operator must complete the information in sections 1, 2 and 3 on this form for each machine being sold out-of-state or being submitted for disposal, in compliance with ARSD 48:02:09:06 and Declaratory Ruling 95-1.

**DIRECTIONS:**

- 1.) Operator **MUST** contact the Operations Center (605-773-5793 or videoLottery@state.sd.us) to have the terminal disabled by the state central computer.
- 2.) Operator will submit this form either by email to videoLottery@state.sd.us, fax to 605-773-6218, or by mail to South Dakota Lottery, 711 E. Wells Ave., Pierre, SD 57501
- 3.) Please allow for a minimum of at least 10 working days prior to shipment or destruction date to arrange date for final inspection.
- 4.) Inspector will perform final inspection and forward the form to the Pierre Lottery office.
- 5.) Bill of Sale must be enclosed (if machine is sold).

<p><b>[1] TERMINAL INFORMATION</b></p> <p>Manufacturer Name: _____</p> <p>Serial Number _____ Terminal I.D. _____ Permit Number _____</p> <p style="text-align: center;"><b><u>HARD METER READINGS</u></b></p> <p>Bills/Coins In: _____ Cash Out: _____</p> <p>Credits Played: _____ Credits Won: _____</p>	<p><b>[2] OPERATOR INFORMATION</b></p> <p>Name: _____ Lic. #: _____</p> <p>City: _____ Phone: _____ Ext: _____</p> <p>Reason for terminal removal from system:</p> <p><input type="checkbox"/> Disposal <span style="margin-left: 100px;"><input type="checkbox"/> Back to Distributor</span></p> <p><input type="checkbox"/> Sale out-of-state</p> <p><input type="checkbox"/> Other: _____</p> <hr/> <p style="text-align: center;"><b>CARRIER</b></p> <p>Name: _____ Lic. #: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p>																
<p><b>[3] RECEIVER (if sold out-of-state) OR DESTRUCTION LOCATION</b></p> <p>Name: _____</p> <p>Business: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Phone: _____ Ext: _____</p> <p>Proposed date _____ of:</p> <p><input type="checkbox"/> Shipment <span style="margin-left: 100px;"><input type="checkbox"/> Destruction</span></p>	<p><b>[4] INSPECTOR CHECK LIST</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 85%;"></th> <th style="width: 15%; text-align: center;">Initials</th> </tr> </thead> <tbody> <tr> <td>1. Call operations center (773-5793) to insure terminal was properly disabled.</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>2. Serial #: _____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>3. Permit License #: _____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>4. Any reference to South Dakota</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>5. Game E-Proms</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>6. Witness if destroyed _____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>7. Method if destroyed _____</td> <td style="text-align: center;">_____</td> </tr> </tbody> </table>		Initials	1. Call operations center (773-5793) to insure terminal was properly disabled.	_____	2. Serial #: _____	_____	3. Permit License #: _____	_____	4. Any reference to South Dakota	_____	5. Game E-Proms	_____	6. Witness if destroyed _____	_____	7. Method if destroyed _____	_____
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<p>Operator Signature: _____</p> <p>Date: _____ <i>Attach audit ticket</i></p>	<p>Inspector Signature: _____</p> <p>Date: _____</p>																

<p>Inspector Comments:</p> <p>_____</p> <p>_____</p>	<p><b>FOR LOTTERY USE ONLY</b></p> <p><input type="checkbox"/> Check here if Bill of Sale is enclosed (if sold out of state)</p>
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