

DEMONSTRATION GAMING DEVICE SHIPPING NOTIFICATION AND DISPLAY REGULATIONS

Indian Gaming Tradeshow & Convention, March 31 - April 3, 2025 San Diego, CA

Please email this form to
Det. John Robledo | John.Robledo@sdsheriff.org

San Diego County Sheriffs Department
Questions? Call Detective Robledo at (760)-909-1778

COMPANY:	CONTACT:
TELEPHONE:	FAX:
ADDRESS:	ADD. CONT.:
CITY, STATE:	ZIP CODE:
EMAIL ADDRESS:	

Destination Information:

Date of Shipment to San Diego, CA: _____ **Expected Date of Receipt in San Diego:** _____

SHIPPING COMPANY NAME:	ADDRESS:

LOCATION (ADDRESS) OF MACHINES WHILE IN SAN DIEGO, CA

Indian Gaming Association
San Diego Convention Center, Halls E - H
111 West Harbor Drive
San Diego, CA 92101

NAME OF RESPONSIBLE PERSON(S):	

Departure Information:

Date of Transport from San Diego, CA _____

SHIPPING COMPANY NAME:	ADDRESS:

As the authorized representative of _____ (company), I certify that all gaming devices shipped to the San Diego Convention Center are for display purposes only and are disabled to accept coinage.

Print Name

Signature

Or e-mail this form to: John.Robledo@sdsheriff.org
Questions Call John Robledo at (760)-909-1778

GAMING EQUIPMENT INFORMATION:

Manufacturer	Year	Product Name	Serial #	Model #	Demonstrative?	
					Y <input type="checkbox"/>	N <input type="checkbox"/>
					Y <input type="checkbox"/>	N <input type="checkbox"/>
					Y <input type="checkbox"/>	N <input type="checkbox"/>
					Y <input type="checkbox"/>	N <input type="checkbox"/>
					Y <input type="checkbox"/>	N <input type="checkbox"/>
					Y <input type="checkbox"/>	N <input type="checkbox"/>
					Y <input type="checkbox"/>	N <input type="checkbox"/>
					Y <input type="checkbox"/>	N <input type="checkbox"/>
					Y <input type="checkbox"/>	N <input type="checkbox"/>
					Y <input type="checkbox"/>	N <input type="checkbox"/>
Manufacturer	Year	Product Name	Serial #	Model #	Demonstrative?	
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					Y <input type="checkbox"/>	N <input type="checkbox"/>
					Y <input type="checkbox"/>	N <input type="checkbox"/>
					Y <input type="checkbox"/>	N <input type="checkbox"/>
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Manufacturer	Year	Product Name	Serial #	Model #	Demonstrative?	
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					Y <input type="checkbox"/>	N <input type="checkbox"/>
					Y <input type="checkbox"/>	N <input type="checkbox"/>
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					Y <input type="checkbox"/>	N <input type="checkbox"/>
					Y <input type="checkbox"/>	N <input type="checkbox"/>
					Y <input type="checkbox"/>	N <input type="checkbox"/>
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