**Request for DVR Surveillance System Approval**

**LICENSEE INFORMATION**

|  |  |
| --- | --- |
| Name of requesting property: |       |
| Licensee Address:  |       |
| Licensee Category (A, B, C or D):  |       |
| Surveillance Director: |  |

Surveillance Department point of contact:

|  |  |
| --- | --- |
| Name: |       |
| Title: |       |
| Phone #: |       |

 Yes No

Is approval for a DVR system in a new property? [ ]  [ ]

|  |  |
| --- | --- |
| If “YES” when will property open? |       |

Is this a change from one DVR format to a different DVR format? [ ]  [ ]

Is this a change from analog to a DVR format? [ ]  [ ]

Is remote access required? [ ]  [ ]

If “YES”, provide the following information:

|  |  |
| --- | --- |
| 1. Name and Titles of recipient: |       |
| Location of remote access site: |       |
| Why access is required: |       |

|  |  |
| --- | --- |
| 2. Name and Titles of recipient: |       |
| Location of remote access site: |       |
| Why access is required: |       |

|  |  |
| --- | --- |
| 3. Name and Titles of recipient: |       |
| Location of remote access site: |       |
| Why access is required: |       |

*Attach additional remote access recipients on separate sheet.*

|  |  |
| --- | --- |
| Date when property would like to begin DVR surveillance system inspection:  |  |

**INSTALLER INFORMATION**

Installer point of contact:

|  |  |
| --- | --- |
| Company: |       |
| Name: |       |
| Title: |       |
| Phone#: |       |

DVR surveillance system information:

|  |  |
| --- | --- |
| Manufacturer: |       |
| Model: |       |
| Version: |       |
| Media Player: |       |
| Type of mediastorage system: |       |

Has this DVR system’s verification software been previously approved for use by the Nevada State Gaming Control Board? Yes [ ]  No [ ]

If “Yes”, identify the state of Nevada properties where the verification software is currently in use.

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**Request must be submitted to allow time to conduct potential trouble shooting, and a seven (7) day test prior to the final approval and implementation of the DVR surveillance system. Upon final approval, the licensee will receive a letter detailing the system approved for use.**

**Please be advised that during the testing phases, video recordings will be burned to both CD or DVDs, so please have both types of media available.**

**Questions regarding the application process may be directed to the Enforcement Division, Operations Unit in Las Vegas (486-2020).**

Send applications to: **ops@gcb.nv.gov** **(PREFERRED) or**

 **GAMING CONTROL BOARD**

**ENFORCEMENT DIVISION**

**OPERATIONS UNIT**

**7 STATE OF NEVADA WAY**

**LAS VEGAS, NEVADA 89119**

**(FAX) 702-486-2230**