**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 media  storage 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**](mailto: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**