

**CALIFORNIA GAMBLING CONTROL COMMISSION**

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**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.

<b>Quarterly Period (Check One)</b>	<b>Class III Devices In-State</b>	<b>Class III Devices Out-of-State</b>	<b>Class II Devices In-State</b>	<b>Class II Devices Out-of-State</b>
<input type="checkbox"/> 07/01/2023 – 09/30/2023	_____	_____	_____	_____
<input type="checkbox"/> 10/01/2023 – 12/31/2023	_____	_____	_____	_____
<input type="checkbox"/> 01/01/2024 – 03/31/2024	_____	_____	_____	_____
<input type="checkbox"/> 04/01/2024 – 06/30/2024	_____	_____	_____	_____

**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.