

**Datatable Submission Form**

**1.** List each program included in this submission:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Manufacturer I.D. Number | Theme(s)Name | Total # OfPercentages | Version orDate Code | MemoryDevice | Position | Checksum |
|       |       |       |       |       |       |       |
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**2.** Color proof of the pay schedule for each theme included. [ ] Yes [ ] No

**3.** Does a hardware submission accompany this submission? [ ] Yes [ ] No

 If yes, attach the Hardware Submission Form.

**4.** Provide the following information for **each** datatable available in the program (if space provided is not sufficient, include a spreadsheet with the following fields in MS Excel® on the submission CD):

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Datatable I.D. | Payout % Minimum | Payout % Maximum | Maximum Odds | Number of Reels | Max Bet | Number of Lines |
|       |       |       |       |       |       |       |
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**5.** If modification of previously approved program, provide file # and program ID.

 File Number:       Program ID:

**6.** Is this a mandatory replacement of a previously approved program? [ ] Yes [ ] No

 If yes, list program file #:

 Mandatory replacement must be accompanied by a deficiency report.

**7.** List main program used to create this datatable:

**8.** Provide mathematical calculation in MS Excel® and any executables for simulation programs.

1. Mark the emulation method employed for this submission, include a summary of all test results and provide detail evidence of each pay emulation.

 [ ] **A** 100% emulation of all available pays, including top award, bonus and hand pays, via an automated emulation method.

 [ ] **B** Use of an automated emulation method supplemented by manual emulation of certain pays. Indicate which pays were manually emulated and provide the results.

 [ ] **C** Manual emulation of a selection of available pays. Must include a selection of each line/coin combination such that all combinations of coin and line values are tested which includes the top award, selection of hand pays, bonus pays and wild symbols.

**10.** Mapping – Virtual reel games.

1. Provide mapping ratio to reel stops above and below the Top Award Symbols and Bonus/Feature trigger symbols.

 Top Award:       Bonus/Feature:

1. All virtual reel stop selections are represented on the physical reels. [ ] Yes [ ] No

**11.** Emulation Procedure

 Provide breakpoints necessary to emulate pays to each game in submission.

**12.** For all products submitted, either new or modification to previously approved products, the modifications introduce no impact to the slot machine with regard to its integrity, security or available options. [ ] Yes [ ] No

**13.** Is game in compliance with regulations regarding the following?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Skill Factor | [ ] Yes | [ ] No | [ ] N/A | § 461.1 |
| Strategy Choice | [ ] Yes | [ ] No | [ ] N/A | § 461.1 |
| Scripting | [ ] Yes | [ ] No | [ ] N/A | § 461.7(d)(5) |

 If no, fully explain.

**14.** Is this an interactive gaming submission? [ ] Yes [ ] No

 If yes, which category of interactive game?

 [ ] **A** Peer-to-peer interactive game

 [ ] **B** Non-peer-to-peer interactive game which simulates slot machines

 [ ] **C** Non-peer-to-peer interactive game which simulates table games

 If table game, please submit Interactive Table Game Submission Checklist.

|  |
| --- |
| CERTIFICATION*(To be completed by the person responsible for accuracy of this checklist and attached documents).* I hereby certify that the information and representations made in this “Datatable Submission Form” and in the attachments hereto are true, accurate and complete. I understand that if any of the statements, data or information contained herein are willfully false, I am subject to punishment. I further understand that if the information contained herein is inaccurate, for any reason, the company is subject to a civil penalty to be imposed by the Pennsylvania Gaming Control Board. |
|  |  |  |  |  |  |
| Signature |  | Title |  | Date |  |
|  |  |  |  |  |  |
| PRINT NAME |  |  |  |  |  |

**THIS FORM MUST BE ACCOMPANIED BY THE SUBMISSION COVER CHECKLIST**