NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

PROCEDURES: CHANGE OF INFORMATION (OWNERSHIP)

For a **Change of Ownership** we would need the following information:

Seller Owner:_____

Address: _____

_____

Contact Number: _____

Email: _____

New Owner: _____

Address: _____

_____

Contact Number: _____

Email_____

First Machine Registered_____

Old Credential Number: _____

(From previous owner)

Registration Numbers for all machines being transferred to New Owner: (including any Stored machines)

Please do not include the machine you registered with the new entity number below.

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

If you need additional machines transfer, please attach a separate sheet.

By signing and submitting this form along with the other required paperwork (Secretary of State Nevada Business License) for the new owner, you acknowledge that all the information and documentation associated with the transferred equipment will follow the equipment to the New Owner. Please sign below that you agree.

Selling Owner: _____

Printed Name: _____

New Owner: _____

Printed Name: _____.