

**OKLAHOMA HORSE RACING COMMISSION  
ONE REMINGTON PLACE – BUILDING B  
OKLAHOMA CITY, OK 73111  
(405) 419-4441 or (405) 943-6472**

**2017 INDEPENDENT TESTING LABORATORY LICENSE APPLICATION**

**The non-refundable license fee of \$5000.00 and an investigation fee in an amount equal to one-half of the license fee must accompany this completed application for a total of \$7,500.00.**

Application must be typewritten or **CLEARLY PRINTED** in ink. All questions must be answered in full. If a question is not applicable, so state. **Applications which are not complete and legible will not be considered.** If space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application, and number answers to correspond with the question.

**I. GENERAL INFORMATION**

**Name of Applicant:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_  
\_\_\_\_\_

**Business Telephone:** \_\_\_\_\_

**Business Fax:** \_\_\_\_\_

**Trade Name Used:** \_\_\_\_\_

**Other Company/Trade Names:** \_\_\_\_\_

**Federal Tax I.D. Number:** \_\_\_\_\_

**1) Applicant is a:** (Circle one)

Corporation    LLC    Partnership    Unincorporated Association    Sole Proprietorship

Other: \_\_\_\_\_

a) If the business is a Corporation, complete the following:

Place of Incorporation: \_\_\_\_\_ Date: \_\_\_\_\_

b) List other states or jurisdictions where domesticated or otherwise recognized to do business:

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c) Has this company filed with the Oklahoma Secretary of State as a corporation or as an assumed business name (DBA) conducting business in Oklahoma?

Yes       No

d) Attach as **Exhibit A**, a certified copy of Articles of Incorporation/Partnership Agreement/LLC Documents.

**2) Is Applicant a publicly traded corporation?**

Yes       No      If Yes, on what Exchange \_\_\_\_\_

**3) For each sole proprietor, principal stockholder (10% or greater) or principal owner of an unincorporated association (10% or greater) provide the following information AND a completed Personal Disclosure History form (Enclosed).**

<u>Full Name</u>	<u>City, State, Country of Residence</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



**5) For the testing laboratory and its parent corporation or any other intermediary affiliate, if any, provide the following:**

- a) For each criminal proceeding in which Applicant, parent corporation or any other intermediary affiliate is or has been a party, provide the following information:

Jurisdiction	Case Number	Violation(s) Charged	Disposition

*For each case listed above provide certified copies of the charge and disposition documents.*

- b) For each civil law suit or administrative or regulatory action in which Applicant, parent corporation or any other intermediary affiliate is or was a party, provide the following information:

Jurisdiction	Case Number	Violation(s) Charged	Disposition

*For each action provide copies of the complaint or petition and final judgment, orders, decrees or settlement documents.*

- c) For each jurisdiction in which Applicant, parent corporation or any other intermediary affiliate has been incorporated, domesticated or otherwise recognized to do business, provide evidence of good standing.
- d) Provide a copy of Applicant’s last three (3) years federal tax returns.

**6) Attach the following documents:**

- a) Attach as **Exhibit B**, the most recent audited financial statement reflecting the Applicant's current assets (including investments in affiliated entities), loans and advance receivable, fixed assets and current liabilities, including loans and advances payable and long-term debt and equity.
- b) Attach as **Exhibit C**, audited financial statements for the past two (2) years.
- c) As **Exhibit D**, provide balance sheets and profit and loss statements for the three Fiscal Years immediately preceding this application date OR if the period of organization is less than three (3) years, provide balance sheets and profit and loss statements for the period of organization. If the period of organization is less than one full Fiscal Year OR if the organization acquires or is to acquire the majority of its assets within the current Fiscal Year, financial information for the current Fiscal Year must be provided in the exhibit.

- d) Attach as **Exhibit E**, the Applicant's most recent Annual Report.
- e) List as **Exhibit F**, the following information for all of Applicant's bank account(s) and complete a Request for Financial Records and Release From Liability form (page 13) for each financial institution.

1. Name and address of bank
2. Name of account holder and account number
3. Bank's telephone number
4. Bank's e-mail address

- f) List as **Exhibit G**, the following information for all of Applicant's loans and complete a Request for Financial Records and Release From Liability form (page 13) for each lender.

1. Name and address of lender
2. Name of debtor and account/loan number
3. Original loan amount and current outstanding balance
4. Lender's telephone number
5. Lender's e-mail address

**7) Has the Applicant, the applicant's parent company or any other intermediary affiliate of applicant ever filed a bankruptcy petition, had such a petition filed against it, or had a receiver, fiscal agent, trustee, reorganization trustee or similar person appointed for it?**

- Yes       No

If yes, provide jurisdiction and case number, and attach final Orders from each bankruptcy proceeding.

Jurisdiction (State)	Case Number

**8) Does the Applicant, the applicant's parent company or any other intermediary affiliate of applicant now own, has it ever owned, or does it otherwise derive a benefit from, assets held outside the United States, whether held in the business' name or other name, on its behalf or for another entity, or through other business entities, or in trust, or in any other fashion or status?**

- Yes       No

If yes, provide details on a separate sheet.

9) **Has the Applicant, parent corporation or any other intermediary affiliate ever held a financial interest in a gambling venture, including but not limited to, a race track, dog track, lottery, casino, bookmaking operation, pari-mutuel operation, gaming machine manufacturer or distributor?**

Yes       No

If yes, list all businesses.

Name of Business	Address	Dates of operation

10) **Has the Applicant ever been the subject of any settlement, order, judgment or decree of any federal or state authority barring, suspending, or otherwise limiting its right to engage in any professional or business practice or activity?**

Yes       No

If yes, attach as **Exhibit H**, a copy of the Order, Judgment, Decree or Settlement.

11) **Has the Applicant ever been the subject of any order, settlement, judgment or decree of any court of competent jurisdiction permanently or temporarily enjoining its right to engage in any professional or business practice or activity?**

Yes       No

If yes, attach as **Exhibit I**, a copy of the Order, Judgment, Decree or Settlement.

12) **Do you know of any economic interest held in your business by any person employed by the State of Oklahoma or who is an official of the State of Oklahoma?**

Yes       No

If yes, provide name, address, phone number and position held.

13) **Does the Applicant have any financial interest or ownership in any known Oklahoma gaming vendor or contractor?**

Yes       No

If yes, provide name, address, phone number and explanation of ownership interest.

14) **Does the Applicant have a joint venture or other contractual agreement with any entity to supply any private businesses, Indian Tribes, states or jurisdiction with gaming goods or services?**

Yes       No

If yes, attach as **Exhibit J**, all agreements.

## II. GENERAL OPERATION HISTORY

### 1) Applicant must provide the following information for each of the last three years:

a) Address of main office and testing facility and number of square feet used for testing:

20__:	_____	_____
	Address	No. of Square Feet
20__:	_____	_____
	Address	No. of Square Feet
20__:	_____	_____
	Address	No. of Square Feet

b) Addresses of all satellite offices, if any, and number of square footage:

20__:	_____	_____
	Address	No. of Square Feet
20__:	_____	_____
	Address	No. of Square Feet
20__:	_____	_____
	Address	No. of Square Feet

c) Number of full-time employees:

20__:	_____
20__:	_____
20__:	_____

d) Number of machines tested:

20__:	_____
20__:	_____
20__:	_____

### III. HISTORY OF LICENSING AND TESTING

- 1) List below the name, address, phone number and e-mail address of all states, countries and/or certifying entities which have issued you a license or certificate to do business as a testing laboratory during the last three years. Provide as Exhibit I, a copy of each license or certification received.

Name & Address of Entity	Phone Number	E-mail Address

- 2) Complete the following information, for the last three years, for each entity for which the lab has performed tests of gaming machines, equipment or components.

Name & Address of Entity	Phone Number	E-mail Address



**3) Attach as Appendix I, a complete list of current in-house staff/personnel in the following categories:**

- a. Mechanical, electrical and software engineering staff
- b. Compliance engineering staff
- c. Accounting system and communication protocol engineering specialists
- d. High-level engineering staff for new and current technology
- e. Quality assurance staff
- f. Mathematicians

**For each employee listed provide the following information:**

- 1. Full Name
- 2. Address and phone number
- 3. Position held
- 4. Length of employment
- 5. Previous employment and term
- 6. Name and address of previous employer(s) for past three years
- 7. Attach resume or curriculum vita which includes a full education history

**4) Explain in Appendix II, how you intend to provide 24 hour 7 day a week support to the Commission including in-house personnel coverage.**

*Include in your appendix all documents and materials that you wish to present demonstrating your ability to provide the needed service.*

**5) Explain in Appendix III, how you will provide on-site testing.**

*Include in your appendix all documents and materials that you wish to present demonstrating your ability to provide the needed service.*

**6) Explain in Appendix IV, how you will provide quality assurance.**

*Include in your appendix all documents and materials that you wish to present demonstrating your ability to provide the needed service.*

**7) Provide in Appendix V, a detailed in-house security plan and copy of surveillance and security plan.**

**8) For any of the past three years, has it been your practice to do due diligence on your employees?**

Yes     No

If yes, explain in **Appendix VI**, your process of due diligence of your employees.

- 9) Explain in Appendix VII, how Applicant will insure that it will possess multiple units of the approved signature devices; how you will provide signatures of the approved software with each certification to assist in the conduct of field audits and will have the ability to provide the specifications on various software verification methods.**

*Include in your appendix all documents and materials that you wish to present demonstrating your ability to provide the needed service.*

- 10) Provide in Appendix VIII, an inventory of test equipment now owned or leased by Applicant.**

- 11) Explain in Appendix IX, what testing techniques Applicant will use to perform detailed protocol tests on the device side and on the system side.**

*Include in your appendix all documents and materials that you wish to present demonstrating your ability to provide the needed service.*

- 12) Explain in Appendix X, how you will test all external and internal functions including examinations of memory and communication protocol with all devices.**

- 13) Provide a current organizational chart of your entire company.**

**IV. APPLICANT CERTIFICATION**

Applicant certifies that it is neither owned nor controlled by an organization licensee, an Indian tribe, a state, or any manufacturer, supplier or operator of gaming machines or devices.

Applicant's Business Name

Trade Name (DBA)

\_\_\_\_\_  
Printed Full Legal Name of Agent

\_\_\_\_\_  
Agent's Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

STATE OF \_\_\_\_\_ )

) SS:

COUNTY OF \_\_\_\_\_ )

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

(SEAL)

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_.

**V. AFFIRMATION & CONSENT**

I, \_\_\_\_\_ as authorized agent of the Applicant, state  
Printed Name

under penalty of perjury that the statements, attachments and supporting documents in this Independent Testing Laboratory Application are true and correct to the best of my knowledge and belief, and that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for refusal to issue a license by the State of Oklahoma. Further, I am aware that later discovery of an omission or misrepresentation made in the above statements may be grounds for the denial of a license or the revocation of the license. I am voluntarily submitting this application on behalf of the Applicant to the Oklahoma Horse Racing Commission under oath with full knowledge that I may be charged with perjury or other crimes for intentional omissions and misrepresentations pursuant to Oklahoma law. I further consent to any background investigation necessary to determine the present and continuing suitability of the Applicant and that this consent not only applies during the application period but also continues as long as the Applicant holds an Oklahoma license. I understand that further information may be requested of the Applicant in regard to this application, and the Applicant agrees to supply such information upon request.

\_\_\_\_\_  
Applicant's Business Name

\_\_\_\_\_  
Trade Name (DBA)

\_\_\_\_\_  
Printed Full Legal Name of Agent

\_\_\_\_\_  
Agent's Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

STATE OF \_\_\_\_\_ )

) SS:

COUNTY OF \_\_\_\_\_ )

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

(SEAL)

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_.

