

Air Force Slot/Amusement Program Slot Machine Replacement Request

Submitted By: _____

Date: _____

HQ AFSVA/SVPCA prepares and submits an annual budget to support the replacement of approximately 1/6th of the slot machines in operation Air Force wide. HQ AFSVA/SVPCA would like to evaluate and consider all base and activity requests for new machines in this process. Generally, the oldest machines are replaced first. Once the slot machines to be replaced have been identified, the game theme libraries, denominations, game type and manufacturer are evaluated. New slot machines are selected only after careful consideration of all criteria. After the budget is approved, purchase orders for new slot machines are prepared, and sent to the various machine manufacturers. Base and activity input becomes a critical part of this process; therefore, please identify all requests and, when completed, submit this to HQ AFSVA/SVPCA as soon as possible.

Base Requesting Machine Replacements _____

Base Activity Requesting Machine Replacements _____

Type of Machine	Reel Video	Denomination	Quantity	Denomination	Quantity
_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____	_____
_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____	_____
_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____	_____
_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____	_____
_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____	_____
_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____	_____
_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____	_____
_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____	_____
_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____	_____
_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____	_____
_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____	_____
_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____	_____

All identified personnel must sign for coordination. Request will not be accepted or processed without complete coordination.

Typed Name

Business Flight Chief
Signature

Typed Name

Activity Manager Signature

Typed Name

Slot Machine Program
Administrator

Typed Name

SVPCA Operations Coordinator
Signature

Base Phone Numbers (DSN) _____

Base FAX Numbers (DSN) _____

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