



# Notification of Equipment Transfer for Initial Unit Joining

**WHO MUST SUBMIT THIS FORM:** Within thirty (30) calendar days of initially joining a unit, the licensed authorized organization must complete this form and submit to the Commission of the bingo cards, pull-tab bingo tickets, and other Bingo equipment transferred to the unit.

**FORM SUBMISSION:**

**Postal Delivery:** Texas Lottery Commission, Charitable Bingo Operations Division, PO Box 16630, Austin, TX 78761-6630

**Courier Delivery:** Texas Lottery Commission, Charitable Bingo Operations Division, 1801 Congress Ave., Austin, TX, 78701

**Email:** bingo.services@lottery.state.tx.us

**Fax:** (512) 344-5142

**FOR ASSISTANCE** in completing this form, please call 1-800-BINGO-77 (1-800-246-4677) or visit our website at **txbingo.org**.

**GENERAL INSTRUCTIONS**

- Refer to BEA sec 2001.407(e) & (f) and TAC Rule 402.203(g) for further guidance.
- Pull-tabs must be transferred as the entire deal (total ticket count) and not as individual tickets.
- This form must be signed by the applicant.
- Incomplete application will not be processed.

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**INVENTORY FROM:** \_\_\_\_\_ **TAXPAYER NUMBER / LICENSE NUMBER:** \_\_\_\_\_  
Organization

**INVENTORY TO:** \_\_\_\_\_ **TAXPAYER NUMBER / UNIT NUMBER:** \_\_\_\_\_  
Accounting Unit Name

**CONTACT NAME:** \_\_\_\_\_ **DAYTIME TELEPHONE NUMBER:** \_\_\_\_\_

**FAX NUMBER:** \_\_\_\_\_ **E-MAIL ADDRESS:** \_\_\_\_\_  
(Optional)

**SUBMISSION DATE:** \_\_\_\_\_

TYPE OF EQUIPMENT	FORM NUMBER	NAME OF THE GAME	SERIAL NUMBER	TOTAL NUMBER TRANSFERRED

**SIGNATURE OF SELLER**

**sign here** ▶ \_\_\_\_\_ **Print Name and Title** \_\_\_\_\_ **Date** \_\_\_\_\_  
Bingo Chairperson, Designated Agent, or Unit Manager