



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
DIVISION OF PARI-MUTUEL WAGERING
 www.myfloridalicense.com

Permitholder Meet _____	Date _____	Tote System Perf. No. _____
Origin: 1. Host () 2. Host/Remote () 3. Regional Hub () 4. Guest Interface, Specify _____		
Applicable Site: 1. Amtote () 2. Sportech () 3. United Tote () 4. Other, Specify _____		
Cause of Event		
<u>Operations</u> Personnel _____ Other (explain) _____	<u>Communication</u> Modem _____ Phone line _____ Leased line _____ Dial back up _____ Satellite _____ Other (explain) _____	<u>Power Failure</u> Internal _____ External _____
<u>Systems</u> Hardware _____ Software _____ Tote display _____ Terminals _____ Other (explain) _____		
Consequences		
Underbet (note by pool) _____		
Underpay (note by pool) _____		
Overpay (note by pool) _____		
Wagering data lost (if any) _____		
Incorrect prices paid _____		
Note all incorrect reports if applicable (real time & end of performance) _____		
Incorrect refunds (note by pool) _____		
Actual wagering time lost _____		
Public Impact		
Significant _____ <u>Prices</u> Incorrect prices paid _____ Incorrect refunds _____ Pools/Prices not paid _____ Refunds not paid _____	Insignificant _____ <u>Displays</u> Public display boards _____ Incorrect odds displayed _____ Incorrect price displayed _____ Incorrect contest displayed _____ No display _____ Other (explain) _____	<u>Delays</u> Cashing _____ Selling _____ Exchange _____ Final cycle & prices _____ Contest canceled _____ Other (explain) _____
Corrective Action (Tote Company Only)		
<u>Hardware</u> Switch to back up _____ Replace component _____ Consult with engineer _____ Other (explain) _____	<u>Software</u> Restart applications program _____ Restart/Reboot CPU _____ Consult with programmer _____ Other (explain) _____	<u>Communications</u> Reset modem string _____ Replace modem _____ Dial back up _____ Other (explain) _____
<u>Measures Taken to Preclude Reoccurrence</u>		
Procedure change _____ *Hardware upgrade _____ *Requires Division notification	Additional personnel training _____ *Software upgrade _____	
Mutuels Manager Only		
Amounts for handle, commission, breakage, public pay, liability, refunds, and outs correct		Yes _____ No _____
If "No" please specify _____		
Estimate of lost pari-mutuel handle _____		
If there was an underbet please note "addback" schedules and specify criteria _____		
Please attach all relevant documentation and submit to the Division in Tallahassee.		
Tote Representative Signature _____	Mutuels Manager Signature _____	Date _____