

Application for Licence as a Machine Repairer

Gaming Machine Act

Please print in block letters. If there is insufficient space, attach extra sheets. All applicable questions must be answered and full particulars provided.

Application for a Licence as a Machine Repairer			
1. Licence Details			
Please select the licence you are applying for			
Gaming Machine Repairer (new)	<input type="checkbox"/>		
Gaming Machine Repairer (renewal)	<input type="checkbox"/>	Licence Number	MR
2. Applicant details			
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss		
Full Name			
Date of Birth		Place of birth	
Current Residential address			
Current Postal address			
Telephone		Mobile	
Email			
Are you an Australian citizen?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If you were not born in Australia, how long have you lived in Australia?			
3. Previous Employment			
Have you previously been employed (in any capacity) in a casino, gaming house, gaming machine related premises, gaming industry, bookmaking operations or the racing industry? If yes , give details in the space provided below			Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of employer	Position	Duties	Term of employment

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4. Disclosure			
Please complete the following questions. If you answer Yes to any of the questions, please provide full details on a separate sheet as an attachment. In the Northern Territory or elsewhere, have you ever, or since your last application:			
a. Been found guilty of an offence since attaining the age of 18?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
b. Do you have any pending offence/charge?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. Have your salary, wages, earnings or other income ever been subject to garnishee order, attachment or the like?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. Have you ever had any article repossessed by a finance company or the like?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
e. Are you an undischarged bankrupt or have you ever applied to take the benefit of any law for the relief of bankrupt or insolvent debtors compounded with creditors or made an assignment of your remuneration for their benefit?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
f. Have you ever been dismissed, discharged or asked to resign from any employment?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
g. Are you currently associated with or actively participate in the management or operations thereof as a director, partner or other capacity of any corporation, partnership, joint venture or business?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
h. Have you ever held an executive position with any company that has either been in liquidation or receivership?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
5. Declaration of competency by employer (person authorised by the Licensee or if self employed – declaration by owner)			
I, (insert name)			
holding the position of (insert position)			
Located at (Name of business/Gaming Venue)			
Hereby certify that the applicant (insert full name of applicant)			
has the appropriate qualifications, knowledge, skills and experience to competently carry out the activities that will be authorised under the licence. If the application is successful, this person will be employed in the capacity of Gaming Machine Repairer.			
Signature		Date	

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6. Supporting documents	
The following documents are required to be lodged with this application.	
Current photographic identification (copy of current drivers licence or passport)	<input type="checkbox"/>
Evidence of change of name (copy of marriage certificate or deed poll documents) if applicable	<input type="checkbox"/>
2 current passport photographs	<input type="checkbox"/>
Criminal History Report conducted within the last 3 months issued by SAFE NT. (New Application = Fingerprint check; Renewal application = Name check)	<input type="checkbox"/>
An affidavit under Section 74 of the Act (page 5 of the application form)	<input type="checkbox"/>
The prescribed fee	<input type="checkbox"/>
A copy of a current Northern Territory Restricted Electrical Licence subject to the nature of work intended to be performed. For clarification refer to section 53 of the <i>Electrical Workers and Contractors Act</i> .	<input type="checkbox"/>
7. Privacy Statement	
The Department of the Attorney General and Justice complies with the Information Privacy Principles scheduled to the <i>Information Act</i> .	

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8. Unattested Declaration under the <i>Oaths, Affidavits and Declarations Act</i>			
I (insert name):			
Of (insert address):		Postcode	
solemnly and sincerely declare that:			
<ol style="list-style-type: none"> 1. all statements and information contained in this application for the purpose of obtaining a licence under the <i>Gaming Machine Act</i> are true and correct to the best of my knowledge; 2. I have read and understood the information contained in this application; and 3. I know that it is an offence to make a declaration that is false in any material particular. 			
I hereby consent to all probity investigations carried out by authorised officers of Licensing NT to verify the information provided by me and to determine my suitability to hold the licence for which I have applied. I agree that such inquiries may be made before and after the issue of a licence.			
This declaration is made at (Place)		On (Date)	
Signature of Applicant			
Note: A person wilfully making a false statement in a statutory declaration is guilty of a crime and is liable to a penalty or imprisonment, or both.			
9. Payment options			
Please refer to the relevant schedule of fees at https://nt.gov.au/industry/gambling/gaming-machines-in-clubs-pubs/gaming-machine-application-fees			
Cash - Territory Business Centre	<input type="checkbox"/>		
Cheque - payable to RTM (Receiver of Territory Money)	<input type="checkbox"/>		
Credit card <input type="checkbox"/>	Visa <input type="checkbox"/>	MasterCard <input type="checkbox"/>	
Credit Card number			
Expiry			
Name on card			
I hereby authorise the Territory Business Centre to debit the above credit card for the amount of		\$	
Amount in words		dollars	
Signature of cardholder		Date	
Contact phone number			

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Affidavit (under section 74 of the Gaming Machine Act)		
Disclosure of influential or benefiting parties to a repairer's licence		
I, (insert full name)		being
<p>a) an applicant (natural person) for a repairer's licence, or</p> <p>b) a licensed repairer who has undergone a change in circumstances in respect of information contained in the last affidavit forwarded or lodged under Section 74 of the Act in respect of repairer's licence number (insert licence number)</p> <p>do sincerely promise and swear that</p> <p>c) there *is a / is not any person (other than, where the applicant or licence holder is a body corporate, the secretary, an executive officer, a member or shareholder of the body corporate carrying out the duties or exercising the normal rights the person has as secretary, executive officer, member or shareholder) who will by any lease, agreement or arrangement be able to influence any decision made:</p> <p style="margin-left: 40px;">i. by me (in the case of the applicant or licence holder being a natural person); or</p> <p style="margin-left: 40px;">ii. in relation to the performance of the general functions to be permitted or that are permitted by the licence</p> <p>d) there * is a / is not any person (other than, where the applicant or licensee who by any lease, agreement or arrangement) who may expect a benefit from me in relation to the performance of the general functions to be permitted or that are permitted by the licence.</p>		
If there is a person so able to influence or expect benefit, state –		
a) where any such person is a natural person, his or her full name, address and date of birth:		
Full Name	Address	Date of Birth
b) where any such person is a body corporate other than a club - the name of the body corporate and the full name, address and date of birth of the secretary and each executive officer of the body corporate:		
Full Name	Address	Date of Birth

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(c) full and correct particulars of the lease, agreement or arrangement			
Signature of deponent		Signed on: (insert date)	
before me.			
Commissioner of Oaths			
Name and address of the Commissioner of Oaths			
*delete that which is not applicable.			
10. Lodgement options			
Applications to be lodged at a Territory Business Centre with the prescribed fee .			
Darwin Darwin Corporate Park Ground Floor, Building 3 631 Stuart Highway Berrimah NT 0828 GPO Box 9800 Darwin NT 0801 t (08) 8982 1700 f (08) 8982 1725 Toll free 1800 193 111 e territory.businesscentre@nt.gov.au		Katherine Shop 1, Randazzo Building 18 Katherine Terrace Katherine PO Box 9800 Katherine NT 0851 t (08) 8973 8180 f (08) 8973 8188 e territory.businesscentre@nt.gov.au	
Tennant Creek Shop 2, Barkley House Cnr Davidson and Paterson Street Tennant Creek PO Box 9800 Tennant Creek NT 0861 t (08) 8962 4411 f (08) 8982 1725 e territory.businesscentre@nt.gov.au		Alice Springs Ground Floor, The Green Well Building 50 Bath Street Alice Springs PO Box 9800 Alice Springs NT 0871 t (08) 8951 8524 f (08) 8951 8533 e territory.businesscentre@nt.gov.au	