Application for a gaming manager or repairer licence under mutual recognition

Use this form to apply for a gaming manager or repairer licence under mutual recognition in accordance with the *Mutual Recognition Act* 1992.

Please note: New South Wales, South Australia, Australian Capital Territory and Western Australia do not have an equivalent gaming machine manager licence/registration. Therefore the mutual recognition principle does not apply.

See gaming machines in clubs and pubs <u>webpage</u> for further information on applicant requirements.

| Licence category (choose applicable) | | | | | | | | | |
|--|--------------------|--------------------|-----------|---------------------------|--------|---------------|-----------|-----|----------|
| Gaming machine | manager | Yes / No | | Gaming machine repairer Y | | Yes | s / No | | |
| Applicant details | ; | | | | | | | | |
| Surname: | | | | | | Date of birth | : | | |
| Given name/s: | | | | | | | | | |
| Residential addre | ess: | | | | | | | | |
| Suburb: | | | | | State: | | Postco | de: | |
| Is your postal add | dress the same | as above? If n | o, comple | te bel | ow. | | | | |
| Postal address: | | | | | | | | | |
| Suburb: | | | | | State: | | Postco | de: | |
| Contact details | | | | | | | | | |
| Phone number: | | Mobile number: | | | | | | | |
| Email address: | | | | | | | | | |
| Do you agree to | receive corresp | oondence by e | mail? | | | | | Y | ′es / No |
| Residency | | | | | | | | | |
| Are you an Australian citizen? | | | Y | ′es / No | | | | | |
| If no, how long h | ave you lived ii | n Australia? | | | | | | | |
| Country of origin | Country of origin: | | | | | | | | |
| Note: if you have lived in Australia for less than 6 months you may be required to provide a criminal history check from your country of origin. | | | | | | | | | |
| Current equivalent licence details | | | | | | | | | |
| Specify below the Australian State/s and/or New Zealand in which you hold a substantive licences for the equivalent occupation(s) sought: | | | | | | | | | |
| State/Territory | | Licence class held | | Licence nu | ımber | Ex | piry date | | |
| VIC | | | | | | | | | |
| QLD | | | | | | | | | |
| TAS | | | | | | | | | |
| NZ | | | | | | | | | |



Application for a gaming manager or repairer licence under mutual recognition

| Employer details | | | | | |
|--|---|----------------------------|---------------|--|--|
| Licensed employer name: | | | | | |
| Previous employment detai | ls | | | | |
| | Have you been employed (in any capacity) in a casino, gaming house, gaming machine related premises, gaming industry, bookmaking operations or the racing industry? | | | | |
| If yes, please provide details | below. | | | | |
| Employer name Position Duties Employ | | | ployment term | | |
| | | | | | |
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| | | | | | |
| Employers declaration | | | | | |
| To be completed by an auth | orised person of the lic | ensee or if self-employed. | | | |
| I, (full name): | | | | | |
| Holding position of: | | | | | |
| Located at (name of business/ | gaming venue): | | | | |
| Herby certify that: The applicant has the appropriate qualifications, knowledge, skills and experience to competently carry out the activities that will be authorised under the licence; and If the application is successful, this person will be employed in the capacity of gaming machine repairer. | | | | | |
| This declaration is made at: (location) on: (date) | | | | | |
| Employer Signature: | | | | | |
| Note: Under the Oaths, Affidavits and Declarations Act 2010 a person wilfully making a false statement or altering a statement, in a statutory declaration is guilty of a crime and is liable to a penalty or imprisonment, or both. | | | | | |
| Applicant Disclosures | | | | | |
| 1. Are there any special conditions that apply to your current registration(s) in any Australian State, Territory or New Zealand? | | | | | |
| If yes, please provide details below. | | | | | |
| 2. Are you the subject of any disciplinary proceedings in any Australian State, Territory or New Zealand (including any preliminary investigations or actions that might lead to disciplinary proceedings) in relation to the specific occupation(s)? | | | | | |
| If yes, please provide details below. | | | | | |

| 3. Has your licence in another Australian State, Territory or New Zealand been canc or suspended as a result of disciplinary proceedings? | celled Yes / No | | | | |
|--|-----------------|--|--|--|--|
| If yes, please provide details below. | | | | | |
| 4. Are you prohibited or restricted from carrying on the specified occupation(s) in ar Australian State, Territory or New Zealand for which registration is sought? | ny Yes / No | | | | |
| If yes, please provide details below. | | | | | |
| 5. Are you subject to any special condition in carrying out the specified occupation(s) as a result of criminal, civil or disciplinary proceedings in any Australian State, Territory or New Zealand? | | | | | |
| If yes, please provide details below. | | | | | |
| Applicants declaration | | | | | |
| I, (full name): | | | | | |
| Of (address): | | | | | |
| Solemnly and sincerely declare that: All statements and information contained in this application are true and correct to the best of my knowledge by virtue of the <i>Oaths</i>, <i>Affidavits and Declarations Act 2010</i>; and I consent to the making of inquiries of, exchange of information with the authorities of the Australian state, Territory or New Zealand regarding my activities in the relevant occupation(s) or otherwise regarding matters relevant to this application; and I will notify Occupational Licensing within 7 days of any conviction in a court of law; and I am licensed as specified in the application; and I am seeking to be registered in the NT in accordance with the mutual recognition principle; and I have read and understood the information contained in this application; and I hereby consent to all probity investigations carried out by the 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. That this declaration is true and correct; and I know that it is an offence to make a declaration that is false in any material particular. | | | | | |
| | (date) | | | | |
| Applicant signature: | | | | | |
| Note: Under the Oaths, Affidavits and Declarations Act 2010 a person wilfully making a false statement or altering a statement, in a statutory declaration is guilty of a crime and is liable to a penalty or imprisonment, or both. | | | | | |

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| Yes / No |
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| , |
| Yes / No |
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Disclaimer

The Northern Territory Government respects and is committed to safeguarding the confidentiality and privacy of the information that it collects and handles, in accordance with the *Northern Territory Information Act* 2002.

You have been asked to provide personal information necessary for us to meet your application requirements. You do not have to provide your personal information but if you choose not to, this application will be incomplete and we will be unable to process it.

The information you provide will be accessible to Occupational Licensing and will only be used to provide a department service or program. We will not disclose your personal information to third parties unless, authorised or required by law to do so you have given us consent to share your personal information for a specific purpose.

You may request access to the personal information we hold about you. If you want more information about the Northern Territory's privacy laws, please refer to the *Northern Territory Information Act 2002*, or the Office of the Information Commissioner NT.

Privacy statement

The Northern Territory Government complies with the Information Privacy Principals scheduled by the *Information Act* 2002.

| Lodgement | | | | |
|--|--|--|--|--|
| Complete applications can be lodged in person, email or via post at a Territory Business Centre below: | | | | |
| Darwin: | Darwin Corporate Park, Ground Floor, Building 3, 631 Stuart Highway Berrimah | | | |
| Katherine: | Big Rivers Government Centre, 5 First Street, Katherine | | | |
| Tennant Creek: | Shop 2, Barkly House, Cnr Davidson and Paterson Streets, Tennant Creek | | | |
| Alice Springs: | Ground Floor, The Green Well Building, 50 Bath Street Alice Springs | | | |
| 1800 193 111 | territorybusinesscentre@nt.gov.au GPO Box 9800 Darwin NT 0801 | | | |

Payment details

A fee is payable on lodgement of this application form. Payment can be made by:

- Cash (in person only); or
- Cheque (made out to Receiver of Territory Monies); or
- Credit card (Visa or MasterCard accepted in person or over the phone). Note: A staff member from the Territory Business Centre will contact you via phone for payment.

| Payment date: | Receipt number: | Amount paid: |
|---------------|-----------------|--------------|
| , | | , and parat |

| Disclosure of influential or benefiting parties to a repairers licence affidavit in accordance with section 74 of the NT <u>Gaming Machine Act 1995</u> . | | | | | |
|---|------------------|--|--|--|--|
| l, | | | | | |
| of (residential address): | | | | | |
| Make the following oath/affirmation being: | | | | | |
| Select either (a) or (b) | | | | | |
| a) an applicant (natural person) for a repairers licence, or | | | | | |
| 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: Click or tap here to enter text. | | | | | |
| do solemnly and sincerely swear that | | | | | |
| 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, 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 be any lease, agreement or arrangement be able to influence any decision made: | | | | | |
| i. by me (in the case of the applicant or licence holder being a natural person); | | | | | |
| in relation to the performance of the general functions to be permitted or the by the licence. | at are permitted | | | | |
| 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. | | | | | |
| 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: DOB: | | | | | |
| Address: | | | | | |
| Full name: DOB: | | | | | |
| Address: | | | | | |
| (b) where any such person is a body corporate other than a club – the name of the body cor full name, address and date of birth of the secretary and each executive officer of the body | - | | | | |
| Full name: DOB: | | | | | |
| Address: | | | | | |
| Full name: DOB: | | | | | |
| Address: | | | | | |
| (c) full and correct particulars of the lease, agreement or arrangement | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| Declared at (place): | | |
|---------------------------|--------|----------------|
| on the | day of | in the year of |
| DECLARED by (signature): | | |
| Witness signature: | | |
| Witness name and address: | | |
| | | |
| NOTE: | | |

- This written statutory declaration must comply with Part 4 of the Oaths Affidavits and Declarations Act 2010. Making a declaration knowing it is false in a material particular is an offence for which you may be fined or imprisoned; and
- The experience declared will be assessed and an audit may be performed if there is any doubt to its validity.