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| Use this form to apply for a change in particulars of a gaming manager or repairer licence in accordance with the [*Gaming Machine Act 1995*](https://legislation.nt.gov.au/en/Legislation/GAMING-MACHINE-ACT-1995).  Changes must be notified within 7 days of the change occurring. See the gaming machines in clubs and pubs [webpage](https://nt.gov.au/industry/gambling/licences/gaming-machines-in-clubs-pubs/gaming-machines-in-clubs-pubshttps:/nt.gov.au/industry/licences/security-licences/apply-for-a-security-licence-as-a-company) for further information on applicant requirements. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reason for change | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address change | | | Yes / No | | | | | | | | | | | | | | Contact details change | | | | | | | | | | | Yes / No | | | | |
| Licence category (choose applicable) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Licensee name: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Licence number: | | | | |  | | | | | | | | | Expiry date: | | | | | | |  | | | | | | | | | | | |
| Licence type: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gaming machine manager | | | | | | | | | Yes / No | | | | Gaming machine repairer | | | | | | | | | | | | | | Yes / No | | | | | |
| **Applicant details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surname: | | | | | |  | | | | | | | | | | | | Date of birth: | | | | | | | |  | | | | | | |
| Given name/s: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other name/s (if applicable): | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Residential address: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suburb: | | | | | |  | | | | | | | | | | State: | | |  | | | | | | Postcode: | | | | | | |  |
| Is your postal address the same as above? If no, complete below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Postal address: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suburb: | | | | | |  | | | | | | | | | | State: | | |  | | | | | | Postcode: | | | | | | |  |
| **Contact details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone number: | | | | | |  | | | | | | | | | Mobile number: | | | | | | | |  | | | | | | | | | |
| Email address: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you agree to receive correspondence by email? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | |
| **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 *Oaths, Affidavits and Declarations Act 2010*; and * I will notify Occupational Licensing within 7 days of any conviction in a court of law; 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| This declaration is made at: (location) | | | | | | | | | | | |  | | | | | | | | | | | | on: (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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Supporting documents checklist** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Prescribed application fee – See the [gaming machine application fees](https://nt.gov.au/industry/gambling/licences/gaming-machines-in-clubs-pubs/gaming-machine-application-fees) webpage for fees. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | |
| Complete application and signed applicant declaration. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | |
| Evidence of name change (if applicable – i.e. copy of marriage certificate, deed poll). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | |
| Current licence or permit issued by the Commonwealth, State or Territory government that has your DOB and photo attached. For example: Drivers licence, passport, evidence of age card, firearms licence, working with children’s card etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | |
| **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](mailto: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: | | | | | | |  | | | |