|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Use this form to apply for the renewal of a gaming manager or repairer licence in accordance with Section 71 of the [*Gaming Machine Act 1995*](https://legislation.nt.gov.au/en/Legislation/GAMING-MACHINE-ACT-1995).  See 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | |
| **Residency** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you an Australian citizen? | | | | | | | | | | | | | Yes / No | | | | | | If no, how long have you lived in Australia? | | | | | | | | | | | | | | | | | | | | |  | | |
| 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Employer details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Licensed employer name: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Previous employment details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you been employed (in any capacity) in a casino, gaming house, gaming machine related premises, gaming industry, bookmaking operations or the racing industry? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | | |
| If yes, please provide details below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employer name | | | | | | | | | | | | Position | | | | | | | | | | Duties | | | | | | | | | | | | | | Employment term | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | |
| **Applicant Disclosures** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Have you in the last 12 months applied for an authorisation (however described), such as a licence or certificate, or registration, under any Act relating to the regulation of any business trade, profession, industry or occupation? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | |
| If yes, please provide details below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Were any of the applications for such authorisation refused or withdrawn? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | |
| If yes, please provide details below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. In respect of those authorisations granted, is there any which are no longer in force for any reason? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | |
| If yes, please provide details below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. In the last 10 years, have you been subject to action of a disciplinary nature relating to any authorisation referred to in paragraph (1) or are there any investigations or proceedings, pending or current, which may result in such action being taken in relation to any authorisation? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | |
| If yes, please provide details below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Have you in the last 10 years been convicted of any offence(s)? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | |
| If yes, please provide details below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Have a charge pending in relation to an offence involving fraud or dishonesty? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | |
| If yes, please provide details below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. Have you been or are you currently bound by any recognisance (bail condition) or the subject of any charge pending in relation to any offence(s) before a court or Commission of Inquiry? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | |
| If yes, please provide details below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. Held a position as secretary or director in any company which has been wound up or placed under a receiver or official manager, or which has entered into a scheme or arrangement with its creditors? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | |
| If yes, please provide details below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. Have you been declared bankrupt or assigned your estate for the benefit of your creditors? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | |
| If yes, quote the date(s) and jurisdiction(s). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. Have you been known by any other names? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | |
| If yes, please provide details below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Employer declaration** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| To be completed by an authorised person of the licensee. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Receiving licence** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How do you wish to receive your licence? | | | | | | | | | | | | | | | | | Post | | | Yes / No | | | | | | | | Collection | | | | | | 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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 | |
| Application complete and signed applicant declaration. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | |
| Employer complete declaration signed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | |
| Current licence or permit issued by the Commonwealth, State or Territory government that has your DOB and photo. **For example:** Drivers licence, passport, evidence of age card, firearms licence, working with children’s card etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | |
| Evidence of name change (if applicable – i.e. copy of marriage certificate, deed poll). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | |
| Safe NT criminal history name check results issued within 3 months. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | |
| 2 passport-size photo not more than 6 months old. Alternatively photos can be taken at the Territory Business Centre. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | |
| **Repairers only -** An affidavit disclosing influential or benefiting parties in accordance with Section 74 of the [*Gaming Machine Act 1995*](https://legislation.nt.gov.au/en/Legislation/GAMING-MACHINE-ACT-1995)(see pages 6-7) . | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | |
| **Privacy statement** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The Northern Territory Government complies with the Information Privacy Principals scheduled by the *Information Act 2002*. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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 Associations 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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: | | | Barkly Business Hub, 63 Haddock Street 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: | | | | | | | |  | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Statutory Declaration – Repairers only** | | | | | | | | | | | |
| Disclosure of influential or benefiting parties to a repairers licence affidavit in accordance with section 74 of the NT [*Gaming Machine Act 1995*](https://legislation.nt.gov.au/en/Legislation/GAMING-MACHINE-ACT-1995). | | | | | | | | | | | |
| **I**, |  | | | | | | | | | | |
| of (residential address): | | | |  | | | | | | | |
| Make the following oath/affirmation being:  Select either (a) or (b) | | | | | | | | | | | |
| 1. an applicant (natural person) for a repairers licence, or 2. 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   1. 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 durites 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:    1. by me (in the case of the applicant or licence holder being a natural person); or    2. in relation to the performance of the general functions to be permitted or that are permitted by the licence. 2. 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 - | | | | | | | | | | | |
| 1. 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 corporate and the full name, address and date of birth of the secretary and each executive officer of the body corporate: | | | | | | | | | | | |
| 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. | | | | | | | | | | | |