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

For any enquiries relating to this application please contact Licensing, Regulation and Alcohol Strategy on (08) 8999 1800

| **Gaming Machine Maintenance Record** | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Notes** | | | | | | | | | | | | |
| This original maintenance record must be kept by the venue.  Repairer may take a copy.  Removed seals must be returned to: Director-General of Licensing GPO Box 1154  Darwin NT 0801 | | | | | | | | | | | | |
| **Maintenance Record** | | | | | | | | | | | | |
| Venue/Location: | | | |  | | | | | | | | |
| Date: | | | |  | | | | | | | | |
| Machine Number: | | | |  | | | | | | | | |
| NT Govt ID: | | | |  | | | | | | | | |
| Make/Model: | | | |  | | | | | | | | |
| Game name(s): | | | |  | | | | | | | | |
| Denomination: | | | |  | | | | | | | | |
| TABQ approval number: | | | |  | | | | | | | | |
| TABQ operators name: | | | |  | | | | | | | | |
| Service Contractor reference number: | | | |  | | | | | | | | |
| Machine Meters | Games Played | | Turnover | | | Total Wins | Cancel  Credits | | Cash Box | Coins In | | Coins Out |
| Before: |  | |  | | |  |  | |  |  | |  |
| After: |  | |  | | |  |  | |  |  | |  |
| Difference: |  | |  | | |  |  | |  |  | |  |
| Time | | | | | Work Performed | | | | | | | |
|  | | | | |  | | | | | | | |
|  | | | | |  | | | | | | | |
|  | | | | |  | | | | | | | |
|  | | | | |  | | | | | | | |
|  | | | | |  | | | | | | | |
| Old seal no. (mandatory): | | | | |  | | | | | | | |
| New seal no. (mandatory): | | | | |  | | | | | | | |
| Logic area accessed? | | | | | Yes / No | | | | | | | |
| Licensed Repairer Name | |  | | | | | | | | | | |
| Signature | |  | | | | | | Date | | |  | |
| Time | |  | | | | | | Work Completed | | | Yes  No | |
| Machine Manager Name | |  | | | | | | | | | | |
| Signature | |  | | | | | | Date | | |  | |
| Time | |  | | | | | | Work Completed | | | Yes  No | |