# *Mutual Recognition (Northern Territory) Act 1993*

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

Once this application form is complete it must be lodged at a Territory Business Centre with the prescribed fee. For any enquiries relating to this application please contact Licensing NT on (08) 8999 1800

| **Application for Machine Managers Licence under Mutual Recognition** | | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1. Applicant Details** | | | | | | | | | | | | | | |
| Title | | Mr  Mrs  Ms  Miss | | | | | | | | | | | | |
| Surname | |  | | | | | | | | | | | | |
| Given Name(s) | |  | | | | | | | | | | | | |
| Other names (including maiden name and alias/es) | |  | | | | | | | | | | | | |
| Date of Birth | |  | | Place of Birth | | |  | | | | | | | |
| Residential Address | |  | | | | | | | | | | | | |
| Postal Address  (all notices will be sent to this address) | |  | | | | | | | | | | | | |
| Telephone | |  | | Mobile | | |  | | | | | | | |
| Email | |  | | | | | | | | | | | | |
| **2. Registration Details** | | | | | | | | | | | | | | |
| I am seeking registration for the following equivalent occupation(s) in the Northern Territory in accordance with the Mutual Recognition principle: | | | | | | | | | | | | | | |
| Machine Manager (5 year licence) | | | | | | | | | | | | | | |
| **3. Licences Held** | | | | | | | | | | | | | | |
| Specify all the Australian States or Territories or New Zealand in which you have substantive registration for the equivalent occupation(s) sought: | | | | | | | | | | | | | | |
| State/Territory | Registration title | | | | | Registration No: | | | | | Expiry Date: | | | |
| ACT |  | | | | |  | | | | |  | | | |
| SA |  | | | | |  | | | | |  | | | |
| TAS |  | | | | |  | | | | |  | | | |
| VIC |  | | | | |  | | | | |  | | | |
| NZ |  | | | | |  | | | | |  | | | |
| Please note that **Queensland,** **New South Wales** and **Western Australia** do not have an equivalent **Machine Manager** licence/registration. Therefore the mutual recognition principle does not apply. | | | | | | | | | | | | | | |
| **4. Supporting documentation** | | | | | | | | | | | | | | |
| The following documents are required to be lodged **with** the application: | | | | | | | | | | | | | | |
| Original or a copy of the licence evidencing existing registration in another State, Territory or New Zealand as indicated in section 3 of application form (must have at least 30 days validity at time of lodgement) | | | | | | | | | | | | | |  |
| Current Passport Photos (for production of licence data-card) | | | | | | | | | | | | | |  |
| Current Photographic identification (Driver’s licence or Passport or 18+ card) | | | | | | | | | | | | | |  |
| **5. Disclosures** | | | | | | | | | | | | | | |
| Please complete the following disclosures. If you answer **Yes** to any of the disclosures, please provide full details on a separate sheet as an attachment. In respect of this application: | | | | | | | | | | | | | | |
| 1. Are there any special conditions that apply to your current registration(s) in any Australian State, Territory or New Zealand? | | | | | | | | Yes | | | | | | No |
| 1. 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)? | | | | | | | | Yes | | | | | | No |
| 1. Has your licence in another Australian State, Territory or New Zealand been cancelled or suspended as a result of disciplinary proceedings? | | | | | | | | Yes | | | | | | No |
| 1. Are you prohibited or restricted from carrying on the specified occupation(s) in any Australian State, Territory or New Zealand for which registration is sought? | | | | | | | | Yes | | | | | | No |
| 1. 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? | | | | | | | | Yes | | | | | | No |
| **6. Unattested Declaration under the Oaths, Affidavits and Declarations Act** | | | | | | | | | | | | | | |
| I (insert name): | |  | | | | | | | | | | | | |
| Of (insert address): | |  | | | | | | | | | | | | |
| solemnly and sincerely declare that:   1. all statements and information contained in this application are true and correct to the best of my knowledge; 2. I have read and understood the information contained in this application; 3. I am licensed as specified in the application; 4. I am seeking to be licensed in the NT in accordance with the mutual recognition principle; 5. I hereby consent to the making of inquiries of, and 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. 6. I have declared any special condition to which I am subject in carrying on the occupation(s); and 7. I know that it is an offence to make a declaration that is false in any material particular. | | | | | | | | | | | | | | |
| Declared at  (insert location) | | |  | | | | | | | 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. | | | | | | | | | | | | | | |
| **7. Privacy Statement** | | | | | | | | | | | | | | |
| The Department of the Attorney-General and Justice complies with the Information Privacy Principles scheduled to the *Information Act*. | | | | | | | | | | | | | | |
| **8. Fee and Payment options** | | | | | | | | | | | | | | |
| Please contact (08) 8999 1800 or 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 | | | | | | | | | | | |  | | |
| Cheque - payable to **RTM (Receiver of Territory Monies)** | | | | | | | | | | | |  | | |
| Credit card | | | Visa  MasterCard | | | | | | | | | | | |
| Credit card number | | |  | | | | | | | | | | | |
| Expiry date | | |  | | | | | | | | | | | |
| 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 | | |  | | | | | | | | | | | |
| **9. Lodgement options** | | | | | | | | | | | | | | |
| Applications can be lodged at a Territory Business Centre with the prescribed fee at: | | | | | | | | | | | | | | |
| **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](mailto: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](mailto: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](mailto:territory.businesscentre@nt.gov.au) | | | | | | | | | |