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| Use this form to apply for a key person’s licence in accordance with the *Mutual Recognition Act 1992.*  Note:If the state or territory does not have an equivalent licence/registration, the mutual recognition principle does not apply.  You must be 18 years of age to be edible to apply.  See the [bookmaker licences and permits](https://nt.gov.au/industry/gambling/licences/bookmaker-licences-and-permits/apply-for-bookmakers-key-employee-licence) webpage further information on applicant requirements. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Licence class** (select applicable) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Betting exchange key person | | | | | | | | | | Yes / No | | | | Bookmaker key person | | | | | | | | | | | | | | | Yes / No | | | | | | |
| **Applicant details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surname | | | |  | | | | | | | | | | | | | | | | | | Date of birth | | | | | | | | |  | | | | |
| Given name/s | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other name/s (if applicable) | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Usual occupation | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 via 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Details of current equivalent licence** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Specify all Australian States/Territories and/or New Zealand in which the applicant has substantive licences for the equivalent occupation(s) sought. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| State | | | | | | Licence held | | | | | | | | | Licence number | | | | | | | | | | | Expiry date | | | | | | | | | |
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| **Employer details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of the wagering operator you intend to work for | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employer name | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Occupation | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employer address | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suburb | | | |  | | | | | | | | | | | | | | | State | |  | | | | | | Postcode | | | | | |  | | |
| **Disclosures** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Are there any special conditions that apply to your current registration(s) in any Australian state, territory or New Zealand? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | | |
| If yes, provide details below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. Are you the subject of any disciplinary proceedings in any Australian state, Territory or New Zealand (including any preliminary investigations or actions that may lead to disciplinary proceedings) in relation to the occupation of a licensed agent? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | | |
| If yes, provide details below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. Has your licence in another Australian state, territory or New Zealand been cancelled or suspended as a result of disciplinary proceedings? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | | |
| If yes, provide details below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | |
| If yes, provide details below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 or territory or New Zealand? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | | |
| If yes, provide details of dates, gambling authorities and experience gained below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Applicant 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 have read and understood the information contained in this application; and * I will notify Licensing NT within 7 days of any conviction in a court of law; and * I will notify Licensing NT within 7 days of any change in personal or employer details; 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; and * I know that it is an offence to make a declaration that is false in any material particular. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| This declaration was 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Receiving licence** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How do you wish to receive your licence? | | | | | | | | | | | Post | | | | Yes / No | | | | | | Collection | | | | | | Yes / No | | | | | | | |
| **Checklist** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **The following supporting documents are required to be lodged with the application.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Prescribed application fee – See the bookmaker’s page for fees. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | | |
| Complete and signed applicant declaration. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | | |
| Evidence of name change (if applicable. i.e. marriage certificate or deed poll documents). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | | |
| Passport sized photo taken in the last 6 months attached. Alternatively a photo can be taken at the Territory Business Centre. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 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 | | | |
| Original licence or a copy of the licence evidencing existing registration in all States, Territory or New Zealand (must have at least 30 days validity at time of lodgement) attached. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 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 Licensing NT 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tennant Creek | | Barkly Business Hub, 63 Haddock Street | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Alice Springs | | Ground Floor, The Green Well Building, 50 Bath Street | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | |  | |