

GAMING MACHINE LICENCE APPLICATION REPAIRER'S LICENCE

Gaming Machine Act 2001

- The following booklet has been compiled to assist the applicant in completing these forms.*
- In accordance with Section 63 of the Gaming Machine Act any change in circumstances of an applicant or holder of a licence must notify the Director in writing within seven (7) days of any change. (ie. address, phone no's. home & work).*
- Once these forms has been completed and all relevant documents have been attached, it should be forwarded to Territory Business Centre or any inquiries should be directed to 8999 1800*

Application is hereby made for a Repairer's Licence:

1. Full Name: _____

2. Address: _____

3. Date of Birth: _____

4. Place of Birth: _____

5. Telephone Nos: H: _____ Mobile: _____ W: _____

Fax No: _____ E-mail _____

I declare that all statements contained in and all matters accompanying this application are true and correct in every detail and fully disclose the information required to complete this application.

Signature: _____

Date: ____/____/____

SUBMIT APPLICATIONS TO:
Territory Business Centre
Development House, Ground Floor
76 The Esplanade, Darwin NT
PO BOX 9800 Darwin NT 0801
Phone (08) 8982 1700 Fax (08) 8982 1725

ALICE SPRINGS
SUBMIT APPLICATIONS TO:
Racing, Gaming and Licensing Division
Peter Sitzler Building,
67 North Stuart Hwy Alice Springs NT 0870
PO Box 9800 Alice Springs NT 0871
Phone (08) 8951 8452 Fax (08) 8951 8591

KATHERINE
SUBMIT APPLICATIONS TO:
Territory Business Centre
1 Randazzo Building
18 Katherine Terrace Katherine NT 0850
PO Box 9800 Katherine NT 0851
Phone (08) 8973 8180 Fax (08) 8973 8188

FOR ENQUIRES OR
ASSISTANCE CONTACT:
Racing, Gaming and Licensing
1st Floor Enterprise House
Cnr Knuckey & Woods Street, Darwin NT
Phone (08) 8999 1800 Fax (08) 8999 1888

TENNANT CREEK
SUBMIT APPLICATIONS TO:
Shop 2, Barkly House
Cnr Davidson and Paterson Streets
PO Box 9800 Tennant Creek 0861
Phone (08) 8962 4411 Fax (08) 8962 4413

DIRECTIONS

1. The following documents in either *original* or *certified copy* are required to be submitted with this form -

- | | |
|--|--|
| (a) Birth Certificate or Extract | <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable |
| (b) Current Drivers Licence | <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable |
| (c) Current Passport and visa | <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable |
| (d) Decree nisi | <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable |
| (e) Marriage Certificate | <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable |
| (f) Deed Poll Documents | <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable |
| (g) Bank Statements (for past 1 year) | <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable |
| (h) Credit Reference Report (see attached note at rear of this form) | <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable |
| (i) Taxation Return (for the past 3 years) | <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable |

This application must be accompanied by -

2. **Four (4) identical colour photographs (suitable to the Director) of the applicant** Yes

These photographs should be -

- (a) Not more than six months old;
- (b) A full front view of head and shoulders without head covering or tinted glasses (if you normally wear glasses you should do so in the photograph);
- (c) Approximately passport size (Approx 35mm wide, 45mm high);
- (d) Endorsed with the proof of identity declaration referred to in Direction 6;

3. **An affidavit under Section 74 of the Act** Yes

4. **Proof of experience of competence in the form of -** Yes

- (a) a restricted Certificate of Competency for level 1 from the Electrical Workers and Contractors Board

5. **The Prescribed Fee: \$100.00** Yes

6. **The attached proof of identity information** Yes

The proof of identity declaration is to be completed by a person who -

- (a) is not related to the applicant by birth or marriage,
- (b) has known the applicant for at least one year,
- (c) is an Australian Citizen,
- (d) is currently employed in an approved profession or occupation. (for list see page 6.)

7. **The attached "Authority to Release Criminal History" form. An applicant is required by Section 62 (2) of the Act to agree to have his/her finger prints and palm prints taken.** Yes

Note:

- 1. Arrangements will be made for you to attend a personal interview with an officer of the Gaming Division.
- 2. Applications usually take approximately 6 weeks to process. Applications involving overseas enquires may take longer.
- 3. Where a change occurs in anything contained in or accompanying the application, the applicant must give the Director advice in writing specifying particulars of the change.

Before commencing to complete this form please read the following carefully: -

1. Type or print in BLOCK LETTERS an answer to every question.
2. If a question does not apply to you state "N/A" in response to that question.
3. If there is nothing to disclose in reply to a particular question state "Nil" in response to that question.
4. If the space available is insufficient please supply the required information on an attachment page. Precede each answer thereon with the title applicable to that question.
5. All dates should be completed in the Form - Day / Month / Year.
6. If interviewed by an officer of the Division in relation to this form, the original of any documents referred to in direction 4 must be produced.
7. The form must be signed personally on each page including each attached page in the space provided (by the person to whom the form relates).

Date: _____ Signature: _____

FALSE STATEMENT

Penalties for offences under the *Gaming Machine Act* range from a fine of \$5,000.00 to a fine of \$50,000.00 or imprisonment for 5 years.

Under Section 177(f) of the *Gaming Machine Act* the penalty for an offence of providing or submitting information or material knowing it to be false erroneous or misleading in a material particular in or in relation to an application is a fine of \$50,000.00 or imprisonment for 5 years.

APPROVED PROFESSIONS OR OCCUPATIONS

1. Accountants - registered member of the Institute of Chartered Accountants in Australia or the Australian Society of Certified Practising Accountants, or Association of Taxation and Management Accountants.
2. Aldermen or Councillors of Local Authorities.
3. Bailiffs.
4. Bank Managers.
5. Barristers.
6. Clerks of Courts.
7. Commissioned Officers in the regular defence forces.
8. Dentists.
9. Doctors of Medicine.
10. Holders of Statutory Offices for which an annual salary is payable.
11. Judges.
12. Members of Federal or State Parliament.
13. Ministers of Religion who are authorised Marriage Celebrants.
14. Pharmacists.
15. Police Officers in charge of Police Stations.
16. Police Officers of the rank of Sergeant and above.
17. Postal managers.
18. Public Servants - current full time employees of Commonwealth, State, Territory or Local Governments or Statutory Authorities, who have been employed continuously for at least 5 years by their current employer.
19. Sheriffs.
20. Solicitors.
21. Stipendiary Magistrates.
22. Teachers - full-time who have been teaching for more than 5 years at schools or tertiary institutions.
23. Veterinary Surgeons.
24. Justice of the Peace.

Proof of Identity Declaration

I declare that I have known (Full name of applicant) _____
for _____ year(s) and vouch for this identity. I have endorsed the back of each of the four photographs with –

- (i) the declaration "This is a true photograph of _____".
(ii) my signature, and
(iii) the date of such signature _____ / ____ / ____
Signature Date

Details of person endorsing photographs

Family Name _____ Given Names _____

Home/Business Address _____

_____ Postcode _____

Telephone Nos: H: _____ M: _____ W: _____

Fax No: _____ E-mail _____

Title and address of approved profession or occupation _____

Details of person endorsing documents (i.e. This is the same person who endorsed the photographs, write: SAME)

Family Name _____ Given Names _____

Home/Business Address _____

_____ Postcode _____

Telephone Nos: H: _____ M: _____ W: _____

Fax No: _____ E-mail _____

Title and address of approved profession or occupation _____



Northern Territory Government

Gaming Machine Act 2001

CONFIDENTIAL

Personal History and Suitability Information

Surname

Initials

Signature: _____

Gaming Machine Act 2001

CERTIFICATE

REPAIRER'S LICENCE

I, _____
(Full name of applicant)

hereby declare as under -

- (a) I am the person identified in question 1A (page 9) of this application form.
- (b) I have personally completed this application form or have supplied all the information indicated herein.

I certify that the particulars contained herein are true and correct in every detail and fully disclose the information required to complete this form.

Signed at _____ this _____ day of _____ 20 _____

(Signature)

in the presence of _____
(Signature of witness)

Name and address of witness:

AUTHORITY TO OBTAIN INFORMATION

I, _____
of _____
_____ hereby
authorise, any officer of the Northern Territory Department of Justice, State, Federal or overseas Police authorities
or any other investigative authority, authorised by the director, to make any investigation or enquires as deemed
necessary to complete the processing of my application.

Signature: _____

Date: _____ / _____ / _____

AUTHORITY FOR RELEASE OF INFORMATION

I, _____
of _____
_____ hereby
authorise the manager or officer in charge of any bank or financial institution to whom this request is presented by
an authorised officer of the Department of Justice or member of the NT Police Force to allow that officer or
member to inspect and obtain copies of any and all documents, records or correspondence pertaining to me,
(solely or jointly with any other party), including but not limited to loan information, cheque account records, saving
deposit records, safe deposit records, passbook records and bank statement sheets, which are held by such bank
or other financial institution

Signature: _____

Date: _____ / _____ / _____

TITLE 1 PERSONAL INFORMATION

1A Mr
Mrs
Miss: _____
Ms Surname Given Names
Dr

1B Alias(es), nicknames, maiden name, other name changes, legal or otherwise, you have used or by which you have been known: _____

1C Present residential address:

No. Street Suburb

(City / Town) State Postcode

Current name and address of employer / business:

No. Street Suburb

(City / Town) State Postcode

1D Occupation: _____

Telephones: Home () _____ Business: () _____
STD STD

Mobile: _____ E-mail _____

1E Date of birth Sex Place of birth (City, State, Country)
/ / _____

Signature

TITLE 1 PERSONAL INFORMATION cont

1F Physical description:

Height: _____ cms Colour of eyes: _____

Weight: _____ kgs Colour of hair: _____

Complexion: _____

Scars, tattoos, or other distinguishing marks: _____

1G Are you an Australian Citizen? Yes No

If a naturalised citizen of Australia state date and place of naturalisation and certificate number:

If a citizen of another country, state that country: _____

1H Are you the holder of a current Drivers Licence: Yes No

If yes, date and place of issue: _____

Licence No: _____

(NOTE: Drivers Licence to be produced at the time of fingerprinting)

Signature

TITLE 4 ARMED FORCES INFORMATION

Have you ever served in any Armed Forces?

Yes No

If yes, complete the following:

Country: _____

Arm of Service: _____

Branch: _____

Date of entry: ____/____/____

Date of Discharge: ____/____/____

Type of discharge: _____

Rank at discharge: _____

Serial number: _____

While in the armed forces were you ever arrested for an offence, which resulted in summary action, a trial, or court martial?

Yes No

If yes, furnish details on an attachment page.

TITLE 5 PASSPORT INFORMATION (if applicable)

5A Passport number: _____

Country _____

Place of Issue: _____

Date of Issue: ____/____/____

Date of expiration: ____/____/____

Signature

TITLE 6 ARRESTS, DETENTIONS AND LITIGATION

6A Have you every been arrested, charged or summonsed for an offence, regardless of the disposition, anywhere excluding juvenile offences and traffic offences (including drink driving offences).

Yes No

If yes, give details in the space provided below. List all cases without exception.

Nature of offence	Age at time of offence	State	City or Town	Date of offence	Result of Hearing or other disposition
				/ /	
				/ /	
				/ /	
				/ /	

6B Have you ever been a party in a civil lawsuit or are you aware of any such action that may be pending? Yes No

If yes, furnish details on an attachment page.

6C Have you every had a judgement returned against you? Yes No

If yes, furnish details on an attachment page. (Except stated above)

6D Have your salary, wages, earnings or other income been subject to garnishee order, attachment or the like? Yes No

If yes, furnish details on attachment page.

6E Have you every had any article repossessed by a finance company or the like? Yes No

If yes, furnish details on attachment page.

Signature

TITLE 7 ADDRESSES

List all addresses where you have resided over the last 5 years. Start with current address and work backwards.

Date From Month & Year	Date To Month & Year	Address

Signature: _____

TITLE 8 EMPLOYMENT

8A Beginning with your current employment, list your work history, including all businesses with which you have been involved during the last ten (10) years.

Current Employment:

Name of employer/business

Mailing address of employer/business:

Job title:

Description of duties:

Name of supervisor:

Month and year (from-to):

Name/mailling address of employer/business:

Job title:

Description of duties:

Name of supervisor:

Month and year (from-to):

Name/mailling address of employer/business:

Job title:

Description of duties:

Name of supervisor:

Month and year (from-to):

Name/mailling address of employer/business:

Job title:

Description of duties:

Name of supervisor:

Signature: _____

TITLE 8 EMPLOYMENT cont

Name/mailling address of employer/business:
Job title:
Description of duties:
Name of supervisor:
Month and year (from-to):
Name/mailling address of employer/business:
Job title:
Description of duties:
Name of supervisor:
Month and year (from-to):
Name/mailling address of employer/business:
Job title:
Description of duties:
Name of supervisor:
Month and year (from-to):
Name/mailling address of employer/business:
Job title:
Description of duties:
Name of supervisor:

(if additional space is needed, use an attachment page)

Signature:

TITLE 8 EMPLOYMENT cont

8B Have you ever been dismissed, discharged or asked to resign from any employment?

Yes No

If yes, complete the following:-

Date	Name and address of employer	Supervisor's name	Reason for dismissal, discharge or resignation

8C Directorships and business affiliations:

List all corporations, partnerships, joint ventures or any business with which you are currently associated and in which you actively participate in the management or operations thereof as a director, partner or other capacity.

(If space insufficient, use an attachment page)

8D Have you ever held an executive position with any company that has either been in liquidation or receivership?

Yes No

If yes, please supply details:

Signature

TITLE 9 CHARACTER REFERENCES

Nominate three persons who are not related to you and who have known you for a period of not less than two years in the last five years. Referees may be asked to appraise your character and reputation.

1.			
Name			
Address			
Occupation			
Years known			
Telephone: ()		Mobile ()	
2.			
Name			
Address			
Occupation			
Years known			
Telephone: ()		Mobile ()	
3.			
Name			
Address			
Occupation			
Years known			
Telephone: ()		Mobile ()	

_____ Signature

TITLE 10 FINANCIAL STATEMENT

10A Have you ever become bankrupt or taken advantage of the laws relating to bankruptcy or insolvency?

Yes No

If yes, furnish particulars on an attachment page.

Current Assets

Financial institution:		
Branch & Account No.		
Amount:		\$
Financial institution:		
Branch & Account No.		\$
Amount:		
Financial institution:		\$
Branch & Account No.		
Amount:		\$
Financial institution:		
Branch & Account No.		
Amount:		

Cash otherwise held (over \$1000)

Details:	\$
Details:	\$
Details	

Debts owing to you by other persons

Details & Date Due:	\$
Details & Date Due:	\$
Details & Date Due:	\$

Signature

Investments

Shares, bonds, debentures, notes, etc

Company	Type	No. held	Year of acquisition	Total Acquisition Costs	Estimated Market Value
				\$	\$
				\$	\$
				\$	\$
				\$	\$
Totals				\$	\$

Investments, other than those listed above

Description	Total Acquisition Costs	Estimated Market Value
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
Totals		\$

Fixed assets

Real estate (own residence and other properties)

Location and description	Year of Acquisition	Acquisition Price	Estimated Market Value
		\$	\$
		\$	\$
		\$	\$
		\$	\$
Totals		\$	\$

Signature

TITLE 10 FINANCIAL STATEMENT cont

Other assets

Motor vehicles, caravan, boat, furniture, jewellery, etc

Description	Total Acquisition Cost	Estimated Market Value
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
TOTAL ASSETS		\$

10C Statement of Liabilities

As at _____

(ie. date of this Statement or whatever recent date is convenient)

Note: Describe fully. Indicate secured liabilities.
If additional space is required use attachment pages

Long term liabilities (including mortgages)

Loan Value

Loans etc				\$
	Borrowers names	Financial institution	Branch	
Due Date:	/ /	Monthly Repayments:	\$	
Loans etc				
	Borrowers names	Financial institution	Branch	
Due Date:	/ /	Monthly Repayments:	\$	

Other long term liabilities (indicate name and address of lender or creditor) and repayment details

	\$
	\$

Signature

TITLE 10 FINANCIAL STATEMENT cont

Current liabilities (indicate name and address of creditor)

	\$
	\$
	\$
TOTAL LIABILITIES	\$

Other

	\$
	\$
TOTAL LIABILITIES	\$

Contingent liabilities (ie. liabilities of an indefinite nature or unspecified amount for which you may become liable in the future)

	\$
	\$
TOTAL LIABILITIES	\$

Signature

ATTACHMENT PAGE

Lined area for writing content.

Signature

Note: Any further attachment pages are to be numbered consecutively, commencing with page 2



Gaming Machine Act 2001

AFFIDAVIT

Disclosure of influential or benefiting parties to a repairer's licence.

I, _____
Full Name

- Being
- (a) an applicant (natural person);
 - (b) an applicant for the renewal of a repairer's licence Licence No. _____
 - (c) 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 _____

Do sincerely promise and swear that -

*** is a**

- (d) there *** is not any person** (other than, where the applicant or licence holder is a body corporate, the secretary, an executive officer, a member or shareholder of the body corporate carrying out the duties or exercising the normal rights the person has as secretary, executive officer, member or shareholder) who will by any lease, agreement or arrangement be able to influence any decision made -
 - (i) in the case of the applicant or licence holder being a natural person, by that person; or
 - (ii) in relation to the performance of the general functions to be permitted or that are permitted by the licence.

*** is a**

- (e) there *** is not any person** (other than, where the applicant or licensee who by any lease, agreement or arrangement who may expect a benefit from the applicant or licensee 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 -

- (a) where any such person is a natural person, his or her full name, address and date of birth:

- (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 _____

- (c) full and correct particulars of the lease, agreement or arrangement: _____

Signature of deponent: _____

Signed and sworn by the said deponent at _____

This _____ day of _____ 20____

before me:

Commissioner of Oaths: _____

(Print Name and Address of the Commissioner of Oaths): _____

(*Strike out those which are not applicable)

HOW TO OBTAIN A PERSONAL CREDIT REFERENCE REPORT

Personal Credit Rating

The credit reference association of Australia will supply to any person their personal credit reference on application.

You are required to provide this documentation of financial records for consideration of approval of your application.

To obtain your credit reference, write to:

Veda Advantage Ltd
Public Access Department
PO Box 964
NORTH SYDNEY NSW 2059

The following information is to be provided to Veda Advantage Ltd:

- (a) FULL NAME
- (b) DATE OF BIRTH
- (c) DRIVERS LICENCE OR SIMILAR DOCUMENT
 - (i) Stating Number & State of Issue
- (d) CURRENT RESIDENTIAL ADDRESS and
- (e) PREVIOUS RESIDENTIAL ADDRESS.

There is no cost for this service and the report should be provided in six to ten days.

GAMING MACHINE ACT

NOTICE IN ACCORDANCE WITH THE INFORMATION ACT (INFORMATION PRIVACY PRINCIPLE 1)

Racing, Gaming and Licensing (RGL – a division of Department of Justice) is seeking information from you for the purposes of your application.

Information Privacy Principle 1 (IPP 1) requires that a public sector organisation must not collect personal information unless the information is necessary for one or more of its functions or activities. If personal information about an individual is collected from the individual, the organisation must take reasonable steps to ensure that the individual is aware of certain matters. For the purposes of IPP 1, the following advice is provided.

- You are able to access your personal information that you have provided by making a written request to the Director of Licensing.
- The information is required pursuant to the *Gaming Machine Act*. The Act requires that certain matters must be considered when deciding whether or not to approve an application.
- The information will be kept confidential except as follows:
 - (a) Information may be sought from Police, government agencies, interstate licensing authorities, or referees or other persons nominated by you. Information may be released to those sources to the extent necessary to verify information about you and your application.
 - (b) If a hearing is involved, information will be released to the parties, Commission or the Court, as required by the Act.
 - (c) Registers of licences and permits will be maintained and may be made available to the public on request.
- You do not have to provide information if you do not wish to do so. However, an application may not be approved if there is insufficient information to properly determine the matter in accordance with the Act.

Website: www.nt.gov.au/justice/licensing