

## APPLICATION FOR CASINO OPERATIVES LICENCE UNDER MUTUAL RECOGNITION

### *MUTUAL RECOGNITION (NORTHERN TERRITORY) ACT 1993 GAMING CONTROL (LICENSING) REGULATIONS*

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

#### 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

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Postcode

Postal Address (all notices will be sent to this address)

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Postcode

Telephone (home)

Telephone (work)

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:

Casino Operatives Licence (5 year licence)

Type of application	Classification
<input type="checkbox"/> Casino Key Licence	<input type="checkbox"/> Administration
<input type="checkbox"/> Standard Licence	<input type="checkbox"/> Cashier
<input type="checkbox"/> Trainee Licence	<input type="checkbox"/> Gaming
<input type="checkbox"/> Trainee Licence	<input type="checkbox"/> Security
	<input type="checkbox"/> Surveillance

## 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:

	Registration title	Registration No:	Expiry Date:
<input type="checkbox"/> ACT			
<input type="checkbox"/> NSW			
<input type="checkbox"/> QLD			
<input type="checkbox"/> SA			
<input type="checkbox"/> TAS			
<input type="checkbox"/> VIC			
<input type="checkbox"/> WA			
<input type="checkbox"/> NZ			

## 4. 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:

a. Are there any special conditions that apply to your current registration(s) in any Australian State, Territory or New Zealand?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. 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)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Has your licence in another Australian State, Territory or New Zealand been cancelled or suspended as a result of disciplinary proceedings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## 5. Supporting Documentation

The following documents are required to be lodged **with** the application:

- Original instrument (licence) or a copy of the instrument evidencing existing registration in all States, Territory or New Zealand as indicated on section 3 of application form (must have at least 30 days validity at time of lodgement)
- 2 Passport Photos will be required if application is posted, faxed or emailed (for production of licence data-card)
- Current Photographic identification (Driver's licence or Passport or 18+ card)

## 6. Declaration

I do solemnly declare that, I 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. I acknowledge that a person wilfully making a false statement in a statutory declaration is guilty of an offence and is liable to a penalty of \$2000 or imprisonment for twelve months, or both

Declared at..... on ..... day of ..... 20.....

Signature of person making declaration

Date

Signature of Witness\*

Date

Full Name of Witness\*

\*This Declaration may be made before any person who has attained the age of (18) eighteen years

## 7. Privacy Statement

The Department of Justice complies with the Information Privacy Principles scheduled to the *Information Act*.

