

## APPLICATION FOR MACHINE MANAGER LICENCE UNDER MUTUAL RECOGNITION

### ***MUTUAL RECOGNITION (NORTHERN TERRITORY) ACT 1993 GAMING MACHINE ACT***

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:

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:

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

Please note that **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 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)

### 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:

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
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## 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*.

## 8. Lodgement Options

Applications to be lodged at a Territory Business Centre with the prescribed fee  
**Please refer to the relevant schedule of fees.**

<b>DARWIN</b> Ground Floor, Development House 76 The Esplanade  GPO Box 9800 DARWIN NT 0801  Telephone: +61 8 8982 1700 Facsimile: +61 8 8982 1725 Toll Free: 1800 193 111	<b>KATHERINE</b> Shop 1, Randazzo Building 18 Katherine Terrace  PO Box 9800 KATHERINE NT 0851  Telephone: +61 8 8973 8180 Facsimile: +61 8 8973 8188
<b>TENNANT CREEK</b> Shop2, Barkly House Cnr Davidson and Paterson Streets  PO Box 9800 TENNANT CREEK NT 0861  Telephone: +61 8 8962 4411 Facsimile: +61 8 8962 4413	<b>ALICE SPRINGS</b> Peter Sitzler Building 67 North Stuart Highway  PO Box 9800 ALICE SPRINGS NT 0871  Telephone: +61 8 8951 8524 Facsimile: +61 8 8951 8533

