

## LICENSING, REGULATION AND ALCOHOL STRATEGY

### Gaming Machine Licence Application – Repairer’s Licence

#### *Gaming Machine Act 2008*

1. The following booklet has been compiled to assist the applicant in completing these forms.
2. 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. (i.e. address, phone no's. home & work, convictions, if body corporate winding up action, etc).
3. 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 (08) 8999 1800
4. 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

### LICENSING, REGULATION AND ALCOHOL STRATEGY

#### **Darwin**

Level 1, Enterprise House  
28-30 Knuckey Street, Darwin  
GPO Box 1154, Darwin, NT 0801  
Ph: 08 8999 1800  
Fax: 08 8999 1888

#### **Katherine**

18 Katherine Terrace, Katherine  
GPO Box 2138, Katherine NT 0850  
Ph: 08 8972 8906  
Fax: 08 8972 8910

#### **Alice Springs**

1<sup>st</sup> Floor Belvedere Hse  
Cnr Parsons & Bath Sts  
GPO Box 8470, Alice Springs NT 0871  
Ph: 08 8951 5195  
Fax: 08 8951 8591

5. This application must be accompanied by:

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 on page 5;

6. An affidavit under Section 74 of the Act  Yes

7. Proof of experience of competence in the form of a restricted Certificate of Competency for level 1 from the Electrical Workers and Contractors Board  Yes

8. The prescribed fee\*  Yes

9. 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 4.)

10. 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

Please note:

Arrangements will be made for you to attend a personal interview with an officer of the Gaming Division.

Applications usually take approximately 6 weeks to process. Applications involving overseas enquires may take longer.

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.

11. Before commencing the complete this form please read the following carefully:
- type or print in BLOCK LETTERS an answer to every question.
  - If a question does not apply to you state "N/A" in response to that question.
  - If there is nothing to disclose in reply to a particular question state "Nil" in response to that question.
  - If the space available is insufficient please supply the required information on an attachment page. Precede each answer there on with the title applicable to that question.
  - All dates should be completed in the Form - Day / Month / Year.
  - 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.
  - 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).

## 12. False Statement

Penalties for offences under the *Gaming Machine Act* range from a fine of \$5,000 to \$50,000 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 or imprisonment for 5 years.

## 13. Application is hereby made for a Repairer's Licence:

### Details of Applicant

Full Name

Address

	Postcode

Date of birth

Place of birth

/	/	
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Telephone

Fax

Mobile

Email

I declare that 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

 /  / 

### Approved Professions for 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:

- a) the declaration "This is a true photograph of ....."
- b) my signature, and
- c) the date of such signature:

Signature

Date

**Details of Person Endorsing Photographs**

Full Name (family name and given name)

Home/Business Address

Postcode

Date of birth

Place of birth

Telephone

Fax

Mobile

Email

Title and address of approved profession or occupation






**Authority to Obtain Information**

I

.....  
(full name of applicant)

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

.....  
(full name of applicant)

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

## 1. Personal Information

1A Title (Mr, Mrs, Miss, Ms, Dr)
Surname
Given Names

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		
	Postcode	

Current name and address of employer/business		
	Postcode	

1D Occupation

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

Mobile
<input type="text"/>

Email
<input type="text"/>

1E. Date of birth	Place of Birth (city, state, country)	Gender
/ /		

Signature

<input type="text"/>
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1F Physical description	
Height	Weight
Colour of Hair	Colour of eyes
Complexion	Scars, tattoos or other distinguishing marks

1G Are you an Australian Citizen?
<input type="checkbox"/> Yes
<input type="checkbox"/> 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?
<input type="checkbox"/> Yes
<input type="checkbox"/> No
If yes, date and place of issue:
Licence number:
Note: Drivers Licence to be produced at time of finger printing

Signature

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## 2. Marital Information

2A. What is your marital status (including defacto)?	
Date of marriage	Place of marriage (city/state/country)
Spouse's/defacto maiden name (where applicable):	
Place of birth of spouse/defacto:	

2B. Spouse's defacto residential address	
	Postcode
Spouse's/defacto employer	
Spouse's/defacto occupation	

## 3. Education

3A. What is the highest level of education you have attained?
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3B. Year education completed
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3C. Name of last educational institution attended
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3D. Name schools attended
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3E. Professional qualifications (if any)
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Signature

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**4. Armed Forces Information**

Have you ever served in any Armed Forces?
<input type="checkbox"/> Yes
<input type="checkbox"/> 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?
<input type="checkbox"/> Yes
<input type="checkbox"/> No
If yes, furnish details on an attachment page.

**5. Passport Information (if applicable)**

5A. Passport number	
Country	Place of issue
Date of issue	Date of expiration
/ /	/ /

Signature

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**6. Arrests, Detentions and Litigation**

6A. Have you ever 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 ever 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 an attachment page.

Signature



**8. Employment**

8A. Beginning with your current employment, list your work history, including all businesses with which you have been involved during the last five (5) years.

Date commenced	
Current Employment	
Name/Mailing Address of Employer/Business	
Job Title	Name of Supervisor
Description of duties	

Month and year (from – to)	
Name/Mailing Address of Employer/Business	
Job Title	Name of Supervisor
Description of duties	

Month and year (from – to)	
Name/Mailing Address of Employer/Business	
Job Title	Name of Supervisor
Description of duties	

Signature

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Month and year (from – to)	
Name/Mailing Address of Employer/Business	
Job Title	Name of Supervisor
Description of duties	

Month and year (from – to)	
Name/Mailing Address of Employer/Business	
Job Title	Name of Supervisor
Description of duties	

Month and year (from – to)	
Name/Mailing Address of Employer/Business	
Job Title	Name of Supervisor
Description of duties	

Signature

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Month and year (from – to)	
Name/Mailing Address of Employer/Business	
Job Title	Name of Supervisor
Description of duties	

Month and year (from – to)	
Name/Mailing Address of Employer/Business	
Job Title	Name of Supervisor
Description of duties	

(if additional space needed, use an attachment page)

8B. Have you ever been dismissed, discharged or asked to resign from any employment?
<input type="checkbox"/> Yes
<input type="checkbox"/> No

If yes, complete the following:

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

Signature

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<p><b>8C. Directorships and business affiliations.</b></p> <p>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.</p>
(if space insufficient, use an attachment page)

<p><b>8D. Have you ever held an executive position with any company that has either been in liquidation or receivership?</b></p>
<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>

If yes please supply details


<p><b>8E. Have you previously been employed in any capacity in a casino, gaming house, gaming machine related premises, gaming industry, bookmaking operations or the racing industry?</b></p>
<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>

Signature

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If yes to question 8E, show below detailed particulars of such employment.

Dates (from-to)	Name and address of employer	Position and description of duties	Name of manager	Reason for leaving

**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.

Name		
Address		
Occupation		
Years known		
Telephone	Mobile	
(    )	(    )	

Name		
Address		
Occupation		
Years known		
Telephone	Mobile	
(    )	(    )	

Signature

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Name		
Address		
Occupation		
Years known		
Telephone		Mobile
( )		( )

**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 details on an attachment page.

10B. Statement of Assets

As at (date of this statement of whatever recent date is convenient):

/ / 20

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

**Current Assets**

Financial Institution	Branch	Account Number	Amount
			\$
			\$
			\$
			\$
			\$

Cash otherwise held (over \$1000)	Amount
	\$
	\$
	\$

Debts owing to you by other persons (give details and dates due)	Amount
	\$
	\$
	\$

Signature

Investments – Shares, bonds, debentures, notes, etc.					
Company	Type	No. held	Year of acquisition	Total acquisition costs	Estimated market value
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
Description of investments other than those listed above				Total acquisition costs	Estimated market value
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
<b>Totals</b>				\$	\$

Fixed Assets – Real Estate (own residence and other properties)			
Location and description	Year of acquisition	Acquisition costs	Estimated market value
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
<b>Totals</b>		\$	\$

Other Assets – Motor vehicles, caravan, boat, furniture, jewellery, etc.		
Description	Total acquisition costs	Estimated market value
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
<b>Totals</b>		\$

<b>Total Assets</b>	\$
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Signature

<b>10C.Statement of Liabilities</b>					
As at (date of this statement of whatever recent date is convenient):					
/ / 20					
Note: Describe fully. If additional space is required use attachment pages.					
<b>Long Term Liabilities (including mortgages)</b>					
Borrower's name	Financial Institution	Branch	Loan Value	Due Date	Monthly Repayments
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
Other long term liabilities (indicate name and address of lender or creditor)				Repayment details	
				\$	
				\$	
				\$	
				\$	
<b>Current liabilities (indicate name and address of creditor)</b>					
\$					
\$					
\$					
<b>Other</b>					
\$					
\$					
<b>Contingent liabilities (i.e. liabilities of an indefinite nature or unspecified amount for which you may become liable in the future)</b>					
\$					
\$					
\$					
<b>Total Liabilities</b>					<b>\$</b>

Signature



Gaming Machine Act 2008

**Affidavit**

Disclosure of influential or benefiting parties to a repairer’s licence

I, .....being  
(full name)

- (a) an applicant (natural person);
- (b) an applicant for the renewal of a repairer’s licence

License 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

- (d) there \*is a / 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 license
- (e) there \* is a / 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:

Full Name	Address	D.O.B
		/ /
		/ /
		/ /
		/ /
		/ /
		/ /
		/ /
		/ /
		/ /
		/ /

- (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:

Full Name	Address	D.O.B
		/ /
		/ /
		/ /
		/ /
		/ /
		/ /
		/ /
		/ /
		/ /
		/ /

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


Signature of deponent

Date

/ /

Signed and sworn by the said deponent at this

..... day of ....., 20 .....

before me.

Commissioner of Oaths .....

Name and address of the Commissioner of Oaths

.....

.....

\*delete 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 stating number and state of issue
- d) Current residential address
- 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)**

Licensing, Regulation and Alcohol Strategy (LRAS – a division of NT 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.

- a) You are able to access your personal information that you have provided by making a written request to the Director of Licensing.
- b) 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.
- c) The information will be kept confidential except as follows:
  - i. 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.
  - ii. If a hearing is involved, information will be released to the parties, Commission or the Court, as required by the *Act*.
  - iii. Registers of licences and permits will be maintained and may be made available to the public on request.
- d) 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/licenreg](http://www.nt.gov.au/justice/licenreg)

*\*Please refer to the relevant schedule of fees.*

#### **TERRITORY BUSINESS CENTRES**

TOLL FREE LINE: 1800 193 111 (Australia Wide)

<b>Darwin</b>	<b>Katherine</b>	<b>Tennant Creek</b>	<b>Alice Springs</b>	<b>Postal Address</b>
Development Hse 76 The Esplanade Darwin NT 0800 Phone: (08) 8982 1700	1 Randazzo Bldg 18 Katherine Tce Katherine NT 0850 Phone: (08) 8973 8180	Shop 2, Barkly Hse Cnr Paterson & Davidson Sts Tennant Creek NT 0860 Phone: (08) 8962 4411	Peter Sitzler Bldg 67 Nth Stuart Hwy Alice Springs NT 0870 Phone: (08) 8951 8524	GPO Box 9800 Darwin NT 0801 <a href="mailto:territory.businesscentre@nt.gov.au">territory.businesscentre@nt.gov.au</a>

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