



Gaming Machine Act 2004 Sections 74 and 75

APPLICATION FOR AN APPROVED TECHNICIAN CERTIFICATE

**** <u>Important</u> Information for Applicants****

- 1. This application <u>must be completed in full</u> in black or blue print. Any question or section left unanswered or blank may result in the application form being returned to the applicant OR may result in the application not being considered. If a question does not apply or there is nothing to disclose insert "N/A".
- 2. As part of the application process an applicant is required to undergo fingerprinting through the Australian Federal Police (AFP). Appointments can be made by telephoning the AFP on 6245 7351.
- Applicants must also complete and submit to the AFP a "National Police Check Application Form" available from the AFP website: <u>http://www.afp.gov.au/what-we-do/police-checks/national-police-checks.aspx</u>. The code number for insertion on the AFP form is 30 and the mailing address for the police certificate should be noted as: ACT Gambling & Racing Commission PO Box 214 CIVIC SQUARE ACT 2608
- 4. Applicants are <u>required</u> to attach the following documentation to their application:
 - > a fully completed Statutory Declaration in relation to an Eligible Person (see Attachment to application);
 - a written statement from each approved supplier/employer stating that the applicant is competent to perform the functions of a technician and is employed or has offered to employ the applicant as an Approved Technician;
 - > if applicant is applying for a certificate in respect of their own business a written statement is to be submitted to this effect;
 - > a record of appointment for fingerprinting with the AFP;
 - > a <u>certified copy</u> of the applicant's full birth certificate (not an extract) or current passport;
 - a <u>certified copy</u> of another form of identification eg. driver's licence, Medicare/credit/bank a/c card (*cards should be photocopied on both sides*);
 - an original or <u>certified copy</u> of the applicant's consumer credit report (not an extract) dated within 1 month of lodging an application. *Reports may take a minimum of 10 working days to process and can be obtained from* VEDA ADVANTAGE http://www.mycreditfile.com.au or DUN & BRADSTREET http://www.dnbcreditreport.com.au).
 - > if applicant's name has changed, certified copies of supporting documentation such as a deed poll or marriage certificate;
 - four (4) recent passport photographs with applicant's name clearly printed on the back;
 - if born overseas, <u>certified proof</u> of Australian Citizenship, permanent residency or visa documentation permitting applicant to live/work in Australia; and
 - if not an Australian Citizen, an applicant must provide a <u>certified copy</u> of a current police criminal check from their country of origin if they have resided in Australia for less than 5 years.
- 5. Applicants should ensure that they sign and date each page where required and note that failure to provide true, correct and full disclosure to any question on this form may result in the application being rejected.
- 6. If the space provided is insufficient to answer a question, please present relevant information on a separate attachment page.
- When completed, this application form, the required documentation, Statutory Declaration and determined fee should be forwarded to: ACT Gambling & Racing Commission PO Box 214

CIVIC SQUARE ACT 2608

Queries regarding this application should be directed to the Commission's Licensing Officer 26207 0068.

This is Approved form AF2010-169 made under section 53D of the *Gambling and Racing Control Act 1999* Authorised by the ACT Parliamentary Counsel—also accessible at www.legislation.act.gov.au Application for an Approved Technician Certificate Page 2 of 6

PERSONAL INFO	RMATION			
Mr/Mrs/Miss/I		Male 🗆	Female 🗆	
IVII / IVII S/ IVII S/ I	vis (Circle)		Female 🗆	
Surnam	na	Given Name		Middle Name/s
Other Names (aliases, ni	cknames, former names, ma	aiden names)	•••••••••••••••••••••••••••••••••••••••	
Date of Birth:/	/ Countr	y of Birth:		
Residential address a	nd contact details:			-
	nu contact uctump.			
•••••	Street	••••••		Suburb
State		Postcode		
Telephone: () .			Mobile Number:	
Email address:				
Destal address (if the	same as the address prov	ridad abova write "as	abovo")	
rostar aduress: (ii the	same as the address prov	flued above write as	above)	
	Street	•••••••••••••••••••••••••••••••••••••••	••••••	Suburb
	Sueet			Suburb
State		Postcode		
Are you an Australian			fasturalization	
If you are a naturalised	Chizen of Australia state	· · ·		
If you are a citizen of a	another country state the			
	mber:		<u></u>	
Photographs:				
Securely attach four ((4) colour passport phot	ographs to your app	olication. Ensure yo	our name is clearly
printed on the back o	f each photograph.			
	CEDI			
	CERI	TIFICATE INFOR	MATION	
Name of the Supplier(s	s) with whom you are or v	will be employed:		
Phone:		Facsimile:	••••••	
Have you previously b	een issued with an Appro	oved Technician Certi	ificate in the ACT? :	\Box YES \Box NO
providence				
If yes, please provide:				
Certificate number		Suppl	ier/Employer	

Application for an Approved Technician Certificate Page 3 of 6

RESIDENCES						
List all addresses at which you have lived during the past 5 years.						
ACCOUNT FOR ALL PERIODS – dates must be continuous, with no gaps.						
From	Include any period of no fixed address and state reason eg. travel. From To Address City/State/Country Post Code					
Example	10/1/2006	ANU – Bruce Hall		Canberra, ACT	0221	
10/10/2005						
/ /	Present					
/ /	/ /					
/ /	/ /					
/ /	/ /					
/ /	/ /					
/ /	/ /					
/ /	/ /					
/ /	/ /					
/ /	/ /					
		EMPLOYMENT				
List all of yo		ry, both full and part time, and if applica sinesses with which you have been involv			ent, schooling	
	AC	CCOUNT FOR ALL PERIODS – dates must be		ous, no gaps.		
From	То	Occupation		Employer Nan	ne	
Example 10/10/2005	10/1/2006	Student	ANU			
/ /	Present					
/ /	/ /					
/ /	/ /					
/ /	/ /					
/ /	/ /					
/ /	/ /					
/ /	/ /					
/ /	/ /					
Have you ever	been dismissed	d, retrenched or suspended by an employer?				
\Box YES \Box NO (if yes provide details below).						
BUSINESS AFFILIATIONS						
List all business, partnerships, joint ventures, etc. with which you are currently associated and in which you actively participate in the management or operation thereof. Indicate any direct or indirect financial interest in any business.						

AUTHORISATION

ACT GAMBLING AND RACING COMMISSION

To: All courts, probation departments, employers - current and previous, educational institutions, legal practitioners, banks, financial and other institutions, all agencies - Federal, State and Local, both foreign and domestic and to whomsoever else this authorisation may be duly presented.

From:				
	Surname Other Nam			
of:				
Street		Suburb	State	Postcode

Date of Birth:/...../.....

I hereby authorise the ACT Gambling and Racing Commission ("the Commission") and the Australian Federal Police ("the Police") to conduct investigations into my background for the purpose of assessing my suitability to obtain or maintain an Approved Technician Certificate under the provisions of the *Gaming Machine Act 2004*.

I HEREBY AUTHORISE the Commission and the Police to access, inspect and obtain copies of:

- (a) any credit report, other report, legal or personal information derived from those reports that has any bearing on my credit worthiness, credit history, credit standing or credit capacity;
- (b) any loan information, cheque account records, savings deposit records, safe deposit box records, passbook records and bank statement sheets pertaining to me.
- (c) any records relating to investigations of my activities conducted by any State, Territory, Federal or overseas police force, crime investigation agencies, corporate regulatory agencies or any gaming or casino regulatory authorities;
- (d) any court records relating to any present or past civil or criminal court proceedings to which I am or was a party; and
- (e) any other document, record or correspondence pertaining to me.

You are HEREBY AUTHORISED to release to the Commission or the Police all the documents, reports, records and information requested by them.

One of the purposes for which this Authorisation has been given is to satisfy Section 18N(1) (ga(ii)) of the Commonwealth Privacy Act 1988 which provides that a credit provider may only disclose information when the individual concerned has provided written permission.

Signed: Date: / / Applicant's signature

CHECKLIST FOR APPLICANTS PRIOR TO APPLICATION LODGEMENT

- 1. All dates completed in the form Day/Month/Year.
- 2. Signatures and dates are inserted where indicated.
- 3. ALL required attachments (refer to table below) are attached.

An application NOT accompanied by ALL of the required attachments and the correct application fee is considered incomplete and may be returned to the applicant or may not be considered further by the Commission

Provided	The following must be submitted WITH the application
Yes/No	The determined fee. NOTE: This fee is not refundable.
Yes/No	A written statement from each supplier/employer stating that the applicant is competent to perform the functions of a technician and is employed, or has offered to employ the applicant as a Technician.
Yes/No	If applicant is applying for a certificate in respect of their own business a written statement to this effect.
Yes/No	A record of appointment for fingerprinting with the Australian Federal Police.
Yes/No	Four (4) recent passport photographs of the applicant (<i>name printed clearly on the back of each photo</i>).
Yes/No	Certified copy of applicant's full BIRTH CERTIFICATE (not an extract) or applicant's current PASSPORT.
Yes/No	Certified copy of another substantial form of identification (eg. driver's licence, credit card, bank account).
Yes/No	If born overseas, a certified copy of your Australian Citizenship, Permanent Residency Certificate or Visa permitting you to live or work in Australia.
Yes/No	If NOT an Australian Citizen a certified copy of a current police criminal check from the applicant's country of citizenship is required for applicants who have resided in Australia for less than 5 years.
Yes/No	If the applicant's name has changed, a certified copy of all the supporting documentation, eg. Marriage Certificate, Deed Poll.
Yes/No	The original or a certified copy of the applicant's CONSUMER CREDIT REPORT (not an extract) dated within 1 month of lodging this application. <i>Credit checks may be obtained from:</i> VEDA ADVANTAGE <u>http://www.mycreditfile.com.au</u> or DUN & BRADSTREET <u>http://www.dnbcreditreport.com.au</u> <i>It is important to allow a minimum of 10 working days for processing.</i>
Yes/No	A fully completed Statutory Declaration in relation to an Eligible person under the <i>Gaming Machine Act 2004</i> .

*Additional Notes:

- 1. During the period in which this application is being processed and after any Certificate may have been issued, the applicant must notify the ACT Gambling and Racing Commission of any change in the applicant's address or any other matter set out in this application.
- 2. Failure to provide a true, correct and complete answer to any question on this form may result in a refusal to grant a licence or the suspension or cancellation of any licence issued. A person who makes a declaration that is to his or her knowledge false in a material particular may be liable to prosecution for an offence under the *Statutory Declarations Act 1959 (Commonwealth)*.

OFFICE USE ONLY					
Certificate Number:	Short Term approval issued with expiry date of: / /				
	Full approval issued with expiry date of: / /				
Signature of approving					
Delegate of the Commission	n Date//				

PRIVACY POLICY

Personal information supplied by an applicant is collected, used and stored in accordance with the *Privacy Act 1988* and the ACT Gambling and Racing Commission's privacy policy. A full copy of the Commission's privacy policy may be obtained either from its website at <u>http://www.gamblingandracing.act.gov.au</u> or by contacting the Commission's Privacy Contact Officer on telephone 6207 0359.

In accordance with the Information Privacy Principles you are able to gain access to any personal information held about you by the Commission.

PAYMENT DETAILS

IMPORTANT INFORMATION				
The prescribed fee must accompany an application for an Approved Technician Certificate. Please note that once an application is submitted to the ACT Gambling and Racing Commission the application fee is non-refundable .				
The prescribed fee is available on the Commission's website: <u>http://www.gamblingandracing.act.gov.au/TheCommission/Fees.htm</u> Otherwise, contact the Commission on 6207 0359.				
Please indicate the method of payment:				
□ money order or cheque made payable to the ACT Gambling and Racing Commission;				
□ credit card (Visa or Master Card). Please complete the required details in the area provided below.				
DAVMENT DV CDEDIT CADD				
PAYMENT BY CREDIT CARD				
Card type Image: Master Card Image: Visa Amount \$				
Card Number: / / / Expiry Date:/				
Name on Card: Signature:				
THIS SECTION FOR OFFICE USE ONLY				
Processed by:				

Applicant's signature:/...... Date:/......

	wealth of Australia RY DECLARA		Attachn
	acing Control Act 1999 (section		
Pursuant to the <i>Gaming Machine Act 2004</i> (the Ac	ct) of the Australian Capi	tal Territory,	
l,(FULL	_ NAME)		
of			
(STREET)	(SUBURB)	(STATE)	(POSTCODE)
peing a((OCCUPATION)		
to solemnly and sincerely declare that the information of the second sector of the second second second second		laration is true and co	orrect in every
Date of Birth: Place of Birth:		Australian Citize	n? 🗆 YES 🗆 NO
f you answer YES to any of the following ques	stions please provide d	etails in the space p	provided below.
Within the last five (5) years have you been convioonffence anywhere?	cted or found guilty of an	y criminal or civil	□YES □NO
Vithin the last five (5) years have you been an un penefit of a law for the relief of bankrupt or insolve nade an assignment of remuneration for their ber	ent debtors or compound		□ YES □ NO
Vithin the last 12 months have you had an applica echnician refused?	ation for approval as an <i>i</i>	Attendant or	□ YES □ NO
Within the last 12 months have you had an approvent and an approvent and a suspended?	ved Certificate as an Atte	endant or Technician	🗆 YES 🗆 NO
Vithin the last 12 months have you had an application in the last 12 months have you had an application of the second sec	ation for approval as a G	aming Machine	□YES □NO
Vithin the last 12 months have you had a Gaming suspended?	g Machine or Supplier lice	ence cancelled or	🗆 YES 🗆 NO
Within the last five (5) years have you been involv t became the subject of a winding up order or it h			□ YES □ NO

					Attachment
offence under section 1	on who intentionally makes 1 of the <i>Statutory Declara</i> correct in every particular.				
Signature of Applicant			Date:	/	_/
De classe d'at			-1		
Declared at	(Place)	ON	Of(Mo	nth and Year)	
		(Day)	(100		
Before me		Name of W	itness		
	nature of Witness)			NAME IN BLOCK	
(Olgi					1
of					
	(STREET)		(STATE)) (P	POSTCODE)
QUALIFICATION: (see below)					
Note 1 A person who intent imprisonment for a term	ionally makes a false statement rm of 4 years — see section 11 of	in a statutory dec the Statutory Decla	laration is guilty of an o arations Act 1959.	offence, the punis	shment for which is
Note 2 Chapter 2 of the C Statutory Declaration	Criminal Code applies to all offe ns Act 1959.	ences against the	Statutory Declarations	Act 1959 - see	section 5A of the
	***********	******	******		
A statutory declaration under t	the Statutory Declarations Act 19.	59 may be made b	efore-		
(1) a person who is currently licent	sed or registered under a law to practis	e in one of the followi	ng occupations:		
Chiropractor	Dentist	Legal practitioner	Patent attorn	iey	
Medical practitioner	Nurse	Optometrist	Pharmacist		
Physiotherapist	Psychologist	Trade marks attorne		-	
(2) a person who is enrolled on the	e roll of the Supreme Court of a State o	r Territory, or the High	Court of Australia, as a leg	al practitioner (howe	ver described); or
(3) a person who is in the following	g list:				
	Corporation who is in charge of an offic	ce	(b) a non-commissioned		
supplying postal services to the Australian Consular Officer or	e public Australian Diplomatic Officer (within the	2	service; or	at 1982 with 5 of mor	e years of continuous
meaning of the Consular Fees		2	(c) a warrant officer within	n the meaning of tha	it Act
Bailiff			Member of the Institute of (
Bank officer with 5 or more cor	ntinuous years of service		Australian Society of Certif Institute of Accountants	ied Practising Accou	intants or the National
	or more years of continuous service		Member of:		
Chief executive officer of a Co	mmonwealth court		(a) the Parliament of the	Commonwealth; or	
Clerk of a court Commissioner for Affidavits			(b) the Parliament of a St	ate; or	
Commissioner for Declarations			(c) a Territory legislature;	or	
	ore years of continuous service		(d) a local government au		
Employee of the Australian Tra			Minister of religion register IV of the <i>Marriage Act</i> 196		1 A of Division 1 of Part
(a) in a country or place outs	ide Australia; and		Notary public	,	
(b) authorised under paragra	ph 3 (d) of the Consular Fees Act 1955	ō;	Permanent employee of the	e Australian Postal C	Corporation with 5 or
and	en e		more years of continuous s		yed in an office
(c) exercising his or her func			supplying postal services to Permanent employee of:		
Employee of the Commonwea (a) in a country or place outs			(a) the Commonwealth o	r a Commonwealth a	authority: or
	uph 3 (c) of the Consular Fees Act 1955	<u>5</u> .	(b) a State or Territory or		-
and		-,	(c) a local government au	-	
(c) exercising his or her func	tion in that place		with 5 or more years of cor	ntinuous service who	is not specified in
Fellow of the National Tax Acc			another item in this list		
	5 or more years of continuous service		Person before whom a stat law of the State or Territory		
Holder of a statutory office not Judge of a court	specified in another item in this list		Police officer		
Justice of the Peace			Registrar, or Deputy Regis	trar, of a court	
Magistrate			Senior Executive Service e	employee of:	
	under Subdivision C of Division 1 of Pa	ırt	(a) the Commonwealth o		-
IV of the Marriage Act 1961			(b) a State or Territory or	a State or Territory	authority
Master of a court	· · ·		Sheriff		
Member of Chartered Secretar			Sheriff's officer	l timo boois staat	and or tortion (
-	a, other than at the grade of student	~	Teacher employed on a ful education institution	unie basis at a sch	our or tertiary
Member of the Australian Defe	Taxation and Management Accountants	3			
(a) an officer; or					