

**APPLICATION FOR APPROVAL OF
NEW PERIPHERAL EQUIPMENT**

MANUFACTURER			
ADDRESS			
CONTACT NAME		PHONE	
		FAX	

EQUIPMENT DETAILS

SYSTEM/DEVICE NAME	
DESCRIPTION	
CATEGORY	
SPECIFICATION OR SERIAL NUMBER	
TECHNICAL STANDARDS	
SUBMISSION STANDARDS	

I,
(print full name)

do hereby declare that the information on this application form is true and correct.

Signature..... Position with Company.....Date / /

OFFICE USE ONLY – GAMING SECTION					
APPLICATION FEE PAID	YES		RECEIPT NUMBER:		
TECHNICAL APPROVAL	YES		APPLICATION APPROVED	YES	NO
NOTIFIED IN LEGISLATION REGISTER	YES		APPROVAL NO. <i>Signature of Delegated Officer</i> Date...../...../.....		
(Date of Notification) /...../.....					

IMPORTANT INFORMATION

The prescribed fee must accompany this application. 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 web site at:

www.gamblingandracing.act.gov.au

Alternatively, you can contact the Commission on 6207 0359 for more information.

Post application to:

ACT Gambling and Racing Commission PO Box 214 CIVIC SQUARE ACT 2608

Please indicate by ticking the appropriate box which of the following will be the method of payment:

- ☐ **money order or cheque made payable to the ACT Gambling and Racing Commission; or**
- ☐ **credit card (Visa or Master Card). Please complete the required details in the area provided below.**

PAYMENT BY CREDIT CARD

Card type ☐ Master Card ☐ Visa Amount \$ (maximum of \$3,000.00)

Card Number Expiry Date:/.....

Name on Card: Signature:

THIS SECTION FOR OFFICE USE ONLY – FINANCE SECTION

Payment Processed by: Date:/...../..... Receipt Number:
(Authorised Officer)