



**APPLICATION TO TRANSFER/AMEND
APPROVED ATTENDANT/TECHNICIAN CERTIFICATE**

When lodging this application form with the Commission please ensure that you attach all other documentation/material detailed in Section 1 below. Please note that applications completed incorrectly or submitted without all the required documentation/material will not be processed.

SECTION 1 (Please indicate which amendment to your certificate you are seeking)

- Transfer Certificate to new licensee/supplier
- Add additional licensee/supplier to existing Certificate
- Remove a licensee/supplier from existing Certificate

In relation to:

<input type="checkbox"/> An Attendant Certificate	<input type="checkbox"/> A Technician Certificate
Documentation/material required under sections 89 of the Gaming Machine Act 2004 <input type="checkbox"/> A statement from each licensee that the licensee employs, or has offered to employ, the applicant as an attendant. <input type="checkbox"/> Application Fee. <input type="checkbox"/> Original Attendant Certificate <u>OR</u> a Statutory Declaration stating why the certificate cannot be produced.	Documentation/material required under sections 78 of the Gaming Machine Act 2004 <input type="checkbox"/> A statement from each approved supplier that – a) the supplier is satisfied that the applicant is competent to exercise the functions of an approved technician; and b) the supplier employs or has offered to employ the applicant as a technician. <input type="checkbox"/> Application Fee. <input type="checkbox"/> Original Technician Certificate and ID Card <u>OR</u> a Statutory Declaration stating why these documents cannot be produced.

SECTION 2

Applicant's Surname	Christian or Given Names
.....	
Phone (Home)	(Mobile)

SECTION 3

Name of the new Licensee or Approved Supplier with whom you are or will be employed:
.....
Phone Facsimile

SECTION 4

I request the ACT Gambling & Racing Commission amend my certificate according to the information provided above.

Signature of Applicant **Date**...../...../.....

THIS SECTION FOR OFFICE USE ONLY – GAMING SECTION

Certificate Number	Short Term Approval Issued ___/___/___ Expiry ___/___/___
<div style="border: 1px solid black; width: 150px; height: 20px;"></div>	Full Term Approval Issued ___/___/___ Expiry ___/___/___

APPLICATION FEE PAID	YES	NO
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Delegate of the Commission **Date**...../...../.....

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)