

APPLICATION FOR TECHNICAL LICENCE AMENDMENT TO  
REPLACE A GAMING MACHINE AND DISPOSE OF A GAMING MACHINE  
("TRADE-INS")

If insufficient space is available for responses please attach additional information.

SECTION 1		DETAILS OF APPLICANT	
Name of Licensee			
Name of Premises			
Licence No.			
Address			
Contact Name			
Phone	Fax	Email	

SECTION 2		INSTALLATION AND DISPOSAL DETAILS	
Name of Supplier - (Installer)			
Contact Name			
Phone	Fax	Email	
Is this supplier going to take possession of the machine/s being disposed of? – YES / NO. If "NO" please provide details of person taking possession of the machine/s.			
Name			
Phone	Fax	Email	

SECTION 3		MACHINE DETAILS / FINANCIAL INFORMATION AND FEES		
PLEASE PROVIDE ALL MACHINE DETAILS ON PAGE 2 OF THIS APPLICATION FORM AND ENSURE THAT YOU COMPLETE THE FINANCIAL ARRANGEMENTS ON PAGE 3.				
FEES for Machine Replacements	<i>See payment options on last page</i>	No. of Machines	Total Remittance Due	\$

SECTION 4	
I, _____ (print full name) of _____ (name of licensee)	
do hereby declare that the information on this application form and the accompanying documentation is true and correct and that all financial arrangements have been declared.	
(Signature) _____	(Position) _____ (Date) ____/____/____

DETAILS OF MACHINES BEING DISPOSED/REPLACED									
Licensee:									
Serial No.	Machine Name	Max. Coins	Coin Value	% Return	Var. No.	TICKET YES/NO	LINK (Yes/No) APPROVAL No	LINK % CONTRIBUTION	
1) From									
To									
2) From									
To									
3) From									
To									
4) From									
To									
5) From									
To									
6) From									
To									
7) From									
To									
8) From									
To									
9) From									
To									
10) From									
To									

## GAMING MACHINE FINANCIAL ARRANGEMENTS

This form must be completed when Gaming Machines are to be purchased.  
 A copy of the proposed contract between the Licensee and Supplier for the purchase of any machines must accompany this form.

<b>Licensee:</b>
<b>Premises Name:</b>
<b>Contact Name:</b>
<b>Supplier's Name:</b>

*Details of the proposed contract for acquisition(including any proposed order) must be attached.*

**TOTAL PURCHASE PRICE (inc GST)**

\$
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**SOURCE OF FINANCE**

1. Cash from licensee's funds:

\$
Name of institution where funds are held:
Address:

2. Other source: (Provide details of all relevant financial arrangements, including loans, guarantees, delayed payment plans)

Type of financial agreement:

Provider of finance:

Address of provider:

Duration of Agreement:

Type of financial agreement:	
Provider of finance:	
Address of provider:	
Years:	Months:

Other Details:

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**OFFICE USE ONLY – GAMING SECTION**

<b>APPLICATION APPROVED</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<b>FINANCIAL ARRANGEMENT APPROVED</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<b>APPROVAL NUMBER</b>
<b>SIGNATURE:</b> _____	<b>DATE:</b> ...../...../.....					_____

**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](http://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**

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