

GAMING MACHINE ACT 2004



APPLICATION FOR TECHNICAL LICENCE AMENDMENT MACHINE CONVERSION

If insufficient space is available for responses please attach additional information

SECTION 1							
Name of Licen	see						
Name of Premi	ses						
Licence No.							
Address							
Contact Name							
Phone		Fax		Email			
SECTION 2	SECTION 2 DETAILS OF SUPPLIER						
Name of Supplier							
Contact Name							
Phone		Fax		Email			
SECTION 3 MACHINE DETAILS AND FEES							
PLEASE PROVIDE ALL MACHINE DETAILS ON PAGE 2 OF THIS APPLICATION FORM							
FEES for	See payment	No. of Machines			_		
Machine Conversions	options on las page	st	Total R	emittance Due \$			
Conversions	page						
SECTION 4							
т		(print full name) o	f		(name of licensee)		
do hereby declar	re that the infor	mation on this ap	plication f	form and the ac	companying documentation is		
true and correct	and that all fin	ancial arrangeme	nts have b	een declared.			
(Signature)		(Position))		(Date)//		
	THIS SEC	TION FOR OFFIC	F LISE ON	LV_GAMING	SECTION		
APPLICATION	YES NO				APPROVAL NUMBER		
FEE PAID							
APPLICATION	YES NO	FINANCIAL	YES	NO			
APPROVED		ARRANGEMENT					
		APPROVED					
SIGNATURE:		DAT	E : /	/			

Gaming Machine Act 2004 Application for Technical Licence Amendment – Machine Conversion

	MACHINE SELECTION - Conversion								
Licensee:									
	Serial	Machine	Max.	Coin	%	Var.	TICKET	LINK (Yes/No)	LINK %
	No.	Name	Coins	Value	Return	No.	YES/NO	APPROVAL No	CONTRIBUTION
1) From To									
2) From									
То									
3) From To									
4) From									
То									
5) From									
To 6) From									
То									
7) From									
То									
8) From									
То									
9) From									
То									

2

IMPORTANT INFORMATION

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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.
PAVMENT BY CREDIT CARD

PAYMENT BY CREDIT CARD
Card type Master Card Visa Amount \$(maximum of \$3,000.00)
Card Number
Name on Card: Signature:
THIS SECTION FOR OFFICE USE ONLY – FINANCE SECTION
Payment Processed by: Receipt Number: (Authorised Officer)