



## Gaming Machine Act 2004

Sections 74 and 75

## APPLICATION FOR AN APPROVED TECHNICIAN CERTIFICATE

## \*\*\*\* Important Information for Applicants \*\*\*\*

- This application must be completed in full 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".
- 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 "Consent to Obtain Personal Information" form available from the AFP website: http://www.afp.gov.au/business/national\_police\_checks.html. The return address should be

recorded as: ACT Gambling & Racing Commission

PO Box 214

CIVIC SQUARE ACT 2608

- Applicants are required 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 certified copy of the applicant's full birth certificate (not an extract) or current passport;
  - a certified copy of another form of identification eq. driver's licence, Medicare/credit/bank a/c card (cards should be photocopied on both sides);
  - > an original or certified copy 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/home/home\_default.aspx or DUN & BRADSTREET http://www.dnb.com.au/general/check\_your\_profile.asp).
  - > 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, certified proof 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** 

### Application for an Approved Technician Certificate Page 2 of 6

| PERSONAL INFO   | RMATION                  |                         |                |               |  |
|---|--------------------------|-------------------------|----------------|---------------|--|
| Mr/Mrs/Miss/N   | Ms (Circle)              | Male $\square$          | Female □       |               |  |
| Surnam  | e                        | Given Name              |                | Middle Name/s |  |
| Other Names (aliases, ni  | cknames, former names,   | maiden names)           |                |               |  |
| Date of Birth:/   | / Cou                    | ntry of Birth:          |                |               |  |
| Residential address a   | nd contact details:      |                         |                |               |  |
|   | Street                   |                         |                | Suburb        |  |
| State   |                          | Postcode                |                |               |  |
| Telephone: () .   |                          | 1                       | Mobile Number: |               |  |
| Email address:  |                          |                         |                |               |  |
| Postal address: (if the   | same as the address p    | rovided above write "as | above")        |               |  |
|   |                          |                         |                |               |  |
|   | Street                   |                         |                | Suburb        |  |
| State   |                          | Postcode                |                |               |  |
| Are you an Australian Citizen?   YES  NO  If you are a naturalised citizen of Australia state: (i) date and place of naturalisation           |                          |                         |                |               |  |
| If you are a citizen of a   | another country, state t | he country:             |                |               |  |
| VISA category and nur   | mber:                    |                         |                |               |  |
| Photographs:  |                          |                         |                |               |  |
| Securely attach four (4) colour passport photographs to your application. Ensure your name is clearly printed on the back of each photograph. |                          |                         |                |               |  |
| CERTIFICATE INFORMATION   |                          |                         |                |               |  |
| Name of the Supplier(s) with whom you are or will be employed:  |                          |                         |                |               |  |
|   |                          |                         |                |               |  |
| Phone: Facsimile:   |                          |                         |                |               |  |
| Have you previously been issued with an Approved Technician Certificate in the ACT? : $\Box$ YES $\Box$ NO                                    |                          |                         |                |               |  |
| If yes, please provide:   |                          |                         |                |               |  |
| Certificate number  |                          | Suppli                  | er/Employer    |               |  |
|   |                          |                         |                |               |  |
|   |                          |                         |                |               |  |

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

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### **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.  Include any period of no fixed address and state reason eg. travel.  |                |   |                               |                |  |  |
|---|----------------|---|-------------------------------|----------------|--|--|
| From  | To             | Address   | City/State/Country            | Post Code      |  |  |
| Example 10/10/2005  | 10/1/2006      | ANU – Bruce Hall  | Canberra, ACT                 | 0221           |  |  |
| / /   | Present        |   |                               |                |  |  |
| / /   | / /            |   |                               |                |  |  |
| / /   | / /            |   |                               |                |  |  |
| / /   | / /            |   |                               |                |  |  |
| / /   | / /            |   |                               |                |  |  |
| / /   | / /            |   |                               |                |  |  |
| / /   | / /            |   |                               |                |  |  |
| / /   | / /            |   |                               |                |  |  |
| / /   | / /            | EMDLOS/MENT   |                               |                |  |  |
| List all of vo  | our work histo | EMPLOYMENT ry, both full and part time, and if applica                            | ble all periods of unemployme | ent. schooling |  |  |
|   | and all bu     | sinesses with which you have been involv<br>COUNT FOR ALL PERIODS – dates must be | ed during the past 5 years.   | , <b>-</b>     |  |  |
| From  | To             | Occupation  | Employer Nan                  | ne             |  |  |
| Example 10/10/2005  | 10/1/2006      | Student   | ANU                           |                |  |  |
| / /   | Present        |   |                               |                |  |  |
| / /   | / /            |   |                               |                |  |  |
| / /   | / /            |   |                               |                |  |  |
| / /   | / /            |   |                               |                |  |  |
| / /   | / /            |   |                               |                |  |  |
| / /   | / /            |   |                               |                |  |  |
| / /   | / /            |   |                               |                |  |  |
| / /   | / /            |   |                               |                |  |  |
| Have you ever been dismissed, retrenched or suspended by an employer?  ☐ YES ☐ 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

| 10:   | legal practitioners, banks, financial and Local, both foreign and domestic and to presented.  | d other instituti                 | ons, all agencies - Federa | al, State and    |  |
|---|---|-----------------------------------|----------------------------|------------------|--|
| From  | Surname   |                                   | er Names                   |                  |  |
| of: .   | Street  | Suburb                            |                            | Postcode         |  |
| Date  | of Birth:/  |                                   |                            |                  |  |
| Austr   | by authorise the ACT Gambling and Rabalian Federal Police ("the Police") to coose of assessing my suitability to obtain a covisions of the <i>Gaming Machine Act</i> 20 | nduct investiga<br>or maintain an | tions into my backgroun    | d for the        |  |
| I HEI   | REBY AUTHORISE the Commission ar  | nd the Police to                  | access, inspect and obta   | nin copies of:   |  |
| (a)   | any credit report, other report, legal or<br>has any bearing on my credit worthine  |                                   |                            |                  |  |
| (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 Federal or overseas police force, crime or any gaming or casino regulatory aut  | investigation                     |                            |                  |  |
| (d)   | any court records relating to any present am or was a party; and  | nt or past civil                  | or criminal court proceed  | lings to which I |  |
| (e)   | any other document, record or correspond  | ondence pertain                   | ning 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. |   |                                   |                            |                  |  |
|   |   |                                   |                            |                  |  |
| Signe   | ed:   | Date:                             | / /                        |                  |  |

## Application for an Approved Technician Certificate Page 5 of 6

#### 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 (name printed clearly on the back of each photo).  |
| 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 <a href="http://www.mycreditfile.com.au/home/home_default.aspx">http://www.mycreditfile.com.au/home/home_default.aspx</a> or  DUN & BRADSTREET <a href="http://www.dnb.com.au/general/check_your_profile.asp">http://www.dnb.com.au/general/check_your_profile.asp</a> It is important to allow a minimum of 10 working days for processing. |
| 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:        | f:  | /   | / |    |
|                            | Full approval issued with expiry date of: | /   | / |    |
| Signature of approving     |   |     |   |    |
| Delegate of the Commission | ı Da                                      | ate | / | ./ |

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#### 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 <a href="http://www.gamblingandracing.act.gov.au">http://www.gamblingandracing.act.gov.au</a> 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 <b>the application fee is non-refundable</b> .                      |  |  |  |  |  |
| The prescribed fee is available on the Commission's website: <a href="http://www.gamblingandracing.act.gov.au/TheCommission/Fees.htm">http://www.gamblingandracing.act.gov.au/TheCommission/Fees.htm</a> Otherwise, contact the Commission on 6207 0359. |  |  |  |  |  |
| Please indicate the method of payment:   |  |  |  |  |  |
| <ul> <li>□ money order or cheque made payable to the ACT Gambling and Racing Commission;</li> <li>□ credit card (Visa or Master Card). Please complete the required details in the area provided below.</li> </ul>                                       |  |  |  |  |  |
| PAYMENT BY CREDIT CARD   |  |  |  |  |  |
| Card type  |  |  |  |  |  |
| Card Number: / / / Expiry Date:/   |  |  |  |  |  |
| Name on Card: Signature:   |  |  |  |  |  |
| THIS SECTION FOR OFFICE USE ONLY   |  |  |  |  |  |
| Processed by:  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

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

### Commonwealth of Australia

## STATUTORY DECLARATION

In relation to an Eligible person under the Gaming Machine Act 2004

Gambling and Racing Control Act 1999 (section 53D)

| (FULL NAME)                           |   |  |                          |                 |  |  |
|---------------------------------------|---|--|--------------------------|-----------------|--|--|
|                                       | (STREET)  | (SUBURB)                                     | (STATE)                  | (POSTCODE)      |  |  |
| eing a                                |   | (OOOLIDATION)                                |                          |                 |  |  |
| o solemnly and s<br>articular.        | incerely declare that the info  | (OCCUPATION)<br>ormation provided in this de | claration is true and co | orrect in every |  |  |
| ate of Birth:                         | Place of Birth:   |  | Australian Citize        | n?□YES□N        |  |  |
| you answer YE                         | S to any of the following q   | uestions please provide                      | details in the space p   | rovided below   |  |  |
| Vithin the last five                  | (5) years have you been co?   | nvicted or found guilty of a                 | ny criminal or civil     | □ YES □ N       |  |  |
| enefit of a law for                   | e (5) years have you been an<br>r the relief of bankrupt or inse<br>ent of remuneration for their | olvent debtors or compound                   |                          | □ YES □ N       |  |  |
| Vithin the last 12 lechnician refused | months have you had an ap <sub>l</sub> d?   | olication for approval as an                 | Attendant or             | □ YES □ N       |  |  |
| Vithin the last 12 ancelled or suspe  | months have you had an appended?  | proved Certificate as an Att                 | endant or Technician     | □ YES □ N       |  |  |
| Vithin the last 12 licensee or Suppl  | months have you had an ap<br>ier refused?   | olication for approval as a C                | Gaming Machine           | □ YES □ N       |  |  |
| Vithin the last 12 uspended?          | months have you had a Gan   | ning Machine or Supplier lic                 | cence cancelled or       | □ YES □ N       |  |  |
|                                       | e (5) years have you been invicet of a winding up order or  |  |                          | □ YES □ N       |  |  |
|                                       |   |  |                          |                 |  |  |
|                                       |   |  |                          |                 |  |  |
|                                       |   |  |                          |                 |  |  |
|                                       |   |  |                          |                 |  |  |
|                                       |   |  |                          |                 |  |  |
|                                       |   |  |                          |                 |  |  |
|                                       |   |  |                          |                 |  |  |
|                                       |   |  |                          |                 |  |  |
|                                       |   |  |                          |                 |  |  |
|                                       |   |  |                          |                 |  |  |

I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under section 11 of the *Statutory Declarations Act 1959*, and I believe that the statements in this declaration are true and correct in every particular.

| Signature of Applicant       |          |                 | Date://      |            |  |
|------------------------------|----------|-----------------|--------------|------------|--|
| Declared at                  | (Place)  | on of           | (Month and   | Year)      |  |
| Before me,                   |          | Name of Witness |              |            |  |
| (Signature of Witness)       |          |                 | (FULL NAME I | N BLOCK)   |  |
| of                           |          |                 |              |            |  |
|                              | (STREET) | (SUBURB)        | (STATE)      | (POSTCODE) |  |
| QUALIFICATION<br>(see below) | :        |                 |              |            |  |

- Note 1 A person who intentionally makes a false statement in a statutory declaration is guilty of an offence, the punishment for which is imprisonment for a term of 4 years see section 11 of the Statutory Declarations Act 1959.
- Note 2 Chapter 2 of the Criminal Code applies to all offences against the Statutory Declarations Act 1959 see section 5A of the Statutory Declarations Act 1959.

\*\*\*\*\*\*\*\*\*\*\*\*

A statutory declaration under the Statutory Declarations Act 1959 may be made before-

(1) a person who is currently licensed or registered under a law to practise in one of the following occupations:

 Chiropractor
 Dentist
 Legal practitioner
 Patent attorney

 Medical practitioner
 Nurse
 Optometrist
 Pharmacist

 Physiotherapist
 Psychologist
 Trade marks attorney
 Veterinary surgeon

- (2) a person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described); or
- (3) a person who is in the following list:

Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public

Australian Consular Officer or Australian Diplomatic Officer (within the

meaning of the Consular Fees Act 1955)

Bailif

Bank officer with 5 or more continuous years of service

Building society officer with 5 or more years of continuous service

Chief executive officer of a Commonwealth court

Clerk of a court

Commissioner for Affidavits

Commissioner for Declarations

Credit union officer with 5 or more years of continuous service

Employee of the Australian Trade Commission who is:

- (a) in a country or place outside Australia; and
- (b) authorised under paragraph 3 (d) of the Consular Fees Act 1955; and
- (c) exercising his or her function in that place

Employee of the Commonwealth who is:

- (a) in a country or place outside Australia; and
- (b) authorised under paragraph 3 (c) of the Consular Fees Act 1955;
- (c) exercising his or her function in that place

Fellow of the National Tax Accountants' Association

Finance company officer with 5 or more years of continuous service

Holder of a statutory office not specified in another item in this list

Judge of a court

Justice of the Peace

Magistrate

Marriage celebrant registered under Subdivision C of Division 1 of Part IV of the *Marriage Act 1961* 

Master of a court

Member of Chartered Secretaries Australia

Member of Engineers Australia, other than at the grade of student

Member of the Association of Taxation and Management Accountants

Member of the Australian Defence Force who is:

(a) an officer; or

- (b) a non-commissioned officer within the meaning of the *Defence*Force Discipline Act 1982 with 5 or more years of continuous service; or
- (c) a warrant officer within the meaning of that Act

Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants

Member of:

- (a) the Parliament of the Commonwealth; or
- (b) the Parliament of a State; or
- (c) a Territory legislature; or
- (d) a local government authority of a State or Territory

Minister of religion registered under Subdivision A of Division 1 of Part IV of the *Marriage Act 1961* 

Notary public

Permanent employee of the Australian Postal Corporation with 5 or more years of continuous service who is employed in an office supplying postal services to the public

Permanent employee of:

- (a) the Commonwealth or a Commonwealth authority; or
- (b) a State or Territory or a State or Territory authority; or
- (c) a local government authority;

with 5 or more years of continuous service who is not specified in another item in this list

Person before whom a statutory declaration may be made under the law of the State or Territory in which the declaration is made

Police officer

Registrar, or Deputy Registrar, of a court

Senior Executive Service employee of:

- (a) the Commonwealth or a Commonwealth authority; or
- (b) a State or Territory or a State or Territory authority

Sheriff

Sheriff's officer

Teacher employed on a full-time basis at a school or tertiary education institution