

**APPLICATION FOR TECHNICAL LICENCE AMENDMENT TO
REPLACE A GAMING MACHINE**

SECTION 1		DETAILS OF APPLICANT			
Name of Licensee					
Trading Name					Licence No.
Venue Address					
Postal Address					
Contact Name					Phone
Contact Details		Fax		Email	

SECTION 2		DETAILS OF SUPPLIER			
Name of Supplier					
Postal Address					
Contact Name					Phone
Contact Details		Fax		Email	

SECTION 3		DISPOSAL DETAILS			
Who is to take possession of the machine/s?					
Postal Address					
Contact Name					Phone
Contact Details		Fax		Email	

SECTION 4		FEES PAYABLE			
Number of Machines			Total Remittance Due	\$	For payment options see last page.

SECTION 5		DECLARATION			
I, _____ of _____ <i>(print full name)</i> <i>(name of licensee)</i>					
do hereby declare that the information on this application form and accompanying documentation is true and correct and that all financial arrangements have been declared.					
Signature		Position		Date	

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	Y	N			
Application Fee Paid			Signature _____		
Application Approved			Date _____ Approval Number _____		
Financial Arrangements Approved					

AF2011-17

SECTION 6 MACHINE SELECTION SCHEDULE				
GAMING MACHINE 1				
New Machine Details				
Serial Number	Machine Name	RTP %	BCV	Link %
Specification No.	Platform/Cabinet	Var No.	Ticket Out	Link Number*
			Y/N	
Existing Machine Details				
Serial Number	Machine Name	RTP %	BCV	Link Number*

GAMING MACHINE 2				
New Machine Details				
Serial Number	Machine Name	RTP %	BCV	Link %
Specification No.	Platform/Cabinet	Var No.	Ticket Out	Link Number*
			Y/N	
Existing Machine Details				
Serial Number	Machine Name	RTP %	BCV	Link Number*

GAMING MACHINE 3				
New Machine Details				
Serial Number	Machine Name	RTP %	BCV	Link %
Specification No.	Platform/Cabinet	Var No.	Ticket Out	Link Number*
			Y/N	
Existing Machine Details				
Serial Number	Machine Name	RTP %	BCV	Link Number*

GAMING MACHINE 4				
New Machine Details				
Serial Number	Machine Name	RTP %	BCV	Link %
Specification No.	Platform/Cabinet	Var No.	Ticket Out	Link Number*
			Y/N	
Existing Machine Details				
Serial Number	Machine Name	RTP %	BCV	Link Number*

*If an amount available as a prize in a linked-jackpot arrangement has not been won, and cannot be won because authorisation for the arrangement has been cancelled or surrendered, then the licensee must write to the Commission seeking approval to redistribute the amount as a prize or an addition to another jackpot. If the Commission approval is not given within 4 weeks after the linked-jackpot authorisation is cancelled or surrendered then the amount is forfeited to the Territory.

SECTION 7 FINANCIAL ARRANGEMENTS

Copies of documents related to proposed financial arrangements to finance or encumber the replacement gaming machine/s to be attached. An encumbrance includes any Intellectual Property (IP) licence applying in respect of the replacement gaming machine/s.

Will an IP licence apply to any of the replacement gaming machines?
 If yes a copy of the proposed contract must be submitted with this application.

Y	N

Total Purchase Price of replacement gaming Machines (inc. GST). A copy of the sales order/invoice must accompany this application.	\$
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Source of Finance

1. Cash from licensee's funds	\$
Name of institution where funds are held	
Address of financial institution	

2. Other source	\$
Type of financial agreement*	
Provider of finance	
Address of provider	
Duration of agreement	Years: _____ Months: _____

*A copy of the financial contract must accompany this application.

Other Details:

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	Y	N	Signature _____	Date _____
Financial Arrangement Approved?				

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 website 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 Mastercard). Please complete the required details in the area provided below

PAYMENT BY CREDIT CARD

Card type Mastercard Visa Amount \$.....

Card Number _____

Expiry Date / /

Name on Card:.....Signature:.....

THIS SECTION FOR OFFICE USE ONLY - FINANCE SECTION

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