

APPLICATION FOR APPROVAL TO POSSESS OR OPERATE A GAMING MACHINE UNDER STATED CONDITIONS

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

SECTION 1 - Details of Applicant

A person may seek approval to possess or operate a gaming machine on stated conditions if (please tick):

- The machine is used only for training purposes; or
- The machine is being displayed for sale or as a promotion.

Name of applicant (enter text)		Certificate Number (Enter Text)
ACN:	ABN:	
Business address (enter text)		
Postal address (enter text)		
Contact Person (enter text)	Telephone (enter text)	Facsimile(enter text)
Email Address (enter text)		

SECTION 2 - Details of Training or Display

Date and time of event (enter text)
Address of event (enter text)
Who will be attending (enter text)

Details of Gaming Machines to Be Displayed

Combination	Serial Number/Model	Denomination

AF2015-75

SECTION 3 – Conditions of approval

- All machines must be made available for inspection by an authorised officer of the Commission before the display opens, if required;
- **all machines that have not been approved for operation in the ACT must display a sign stating that the machine has not yet been approved for operation in the ACT;**
- under no circumstances can the machines be displayed other than on the stipulated date and at the stated venue unless prior approval from the Commission is given;
- all machines must be disabled to prevent operation by the insertion of a coin or note;
- playing of the machines must only be permissible by pre-arranged credits being programmed into the machine;
- under no circumstances can any prize be won or offered to a person playing the machines;
- as soon as practical after the display has concluded, the machines must be removed from the approved venue and returned to the relevant manufacturer/agent; and
- only invited club officials have access to, or may view, the machines.

Additional conditions may be applied.

SECTION 4 – To be completed by authorised representative of applicant.

I (print or type full name of applicant’s representative)

on behalf of the (print or type name of applicant)

do hereby declare that the information on this notification form and the accompanying documentation is true and correct.

Signed

Position (print or type position held with applicant)

Date

SECTION 5 – Important Information

- The prescribed fee must accompany this application.
- Please note that once this notification 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 telephone number 02 6207 0359 for more information.
- Mail this completed application to:
 ACT Gambling and Racing Commission
 PO Box 214
 CIVIC SQUARE ACT 2608
 Fax: 6207 7390
 Email: gaming.operations@act.gov.au

GAMING REGULATION SECTION USE ONLY – LICENSEE NOT TO COMPLETE THIS PART

APPLICATION FEE PAID		YES	NO
AUTHORISED BY	DATE	YES	NO

SECTION 6 – Details of Payment.

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 below.

Payment by Credit Card.

Card type – Select one check box below for your card type:

- Master Card; or
- Visa.

Card Number:

Expiry Date:

Amount:

Name on Card:

Signature

FINANCE SECTION USE ONLY – LICENSEE NOT TO COMPLETE THIS PART

Payment

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