

**APPLICATION FOR APPROVAL OF A LINKED JACKPOT ARRANGEMENT**

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

**SECTION 1 - Details of Applicant**

A licensee may apply for approval to operate a linked-jackpot arrangement between gaming machines operated under an authorisation certificate held by the licensee.

Name of licensee (enter text)		Licence Number (enter text)
Postal address (enter text)		
Name of authorised premises (enter text)		Certificate Number (enter text)
Address of authorised premises (enter text)		
Contact Person (enter text)	Telephone (enter text)	Facsimile (enter text)
Email Address (enter one email address only – the approval or refusal will be emailed to this email address only. The licensee is responsible for advising suppliers of application status)		

**SECTION 2 - Details of Approved Supplier**

*Details of Supplier **installing** the linked-jackpot arrangement*

Name of Approved Supplier (enter text)
Postal Address (enter text)

*Details of Supplier **supplying** the linked-jackpot arrangement.*

Name of Approved Supplier (enter text)
Postal Address (enter text)

AF2015-85

Approval No.

SECTION 3 - Linked-jackpot details.			
Name of System			
Specification Number		Setting or ID No.	
Type of Link (please tick which type)	Standard/Normal* <input type="checkbox"/>	Mystery <input type="checkbox"/>	

*\*For Standard/normal links all linked gaming machines must be the same denomination.*

<b>PRIZE SCHEDULE</b>	Maximum Jackpot \$	Reset Amount \$	Reset Amount %	Contribution %	TOTAL %
Top Jackpot					
Second Jackpot					
Third Jackpot					
Fourth Jackpot					
Hidden/Backup					
Total Contribution Percentage					

SECTION 4 - Documents that must accompany this application
<ul style="list-style-type: none"> <li>Sales order or acknowledgement from an Approved Supplier detailing proposed linked-jackpot arrangement and cost. The order must be signed by the licensee and the Approved Supplier.</li> </ul>

SECTION 5- To be completed by authorised representative of licensee.		
<p>I (print or type full name of licensee representative)</p> <p>on behalf of the (print or type name of licensee)</p> <p>do hereby declare that the information on this application form is true and correct.</p> <p>Signed</p> <p>Position (print or type position held with licensee)</p> <p>Date</p>		
GAMING REGULATION SECTION USE ONLY – APPLICANT NOT TO COMPLETE THIS PART		
APPLICATION FEE PAID	YES	NO
AUTHORISED BY	DATE	YES

**IMPORTANT INFORMATION**

- The prescribed fee must accompany this application.
- Please note that once this 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:  
<http://www.gamblingandracing.act.gov.au/gambling/gaming-machines>
- 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](mailto:gaming.operations@act.gov.au)

**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 – APPLICANT NOT TO COMPLETE THIS PART**

Payment

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