

**NOTIFICATION - AUTHORISATION CERTIFICATE AMENDMENT - Technical Amendment  
– Gaming Machine *REPLACEMENT* or *CONVERSION***
**Details of Notification**

 Please select **ONE** option:

 Replacement    Conversion

*Note: The amendment is effective in the prescribed number of days after the receipt of this notification by the ACT Gambling and Racing Commission. If additional information is required the effective date is the prescribed number of days from when the additional information is received.*

**SECTION 1 - Details of Licensee**

Name of licensee (enter text)		Licence Number (enter text)
Name of Authorised Premises (enter text)		Certificate Number (enter text)
Physical Address of Authorised Premises (enter text)		
Postal Address (enter text)		
Contact Person (enter text)	Telephone (enter text)	Facsimile (enter text)
Email Address (enter text) <i>Confirmation of this notification will be emailed to <u>one</u> representative of the licensee.</i>		

**SECTION 2 - Details of Approved Supplier *installing* the gaming machine replacements or conversions.**

Name of Approved Supplier (enter text)		
Postal Address (enter text)		
Contact Person (enter text)	Telephone (enter text)	Facsimile (enter text)
Email Address (enter text) <i>Confirmation of this notification will be emailed to <u>one</u> representative of the supplier.</i>		

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

AUTHORISED BY	DATE	CONFIRMATION NUMBER
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AF2015-89

**SECTION 3 - Details of Supplier supplying the gaming machine replacements or conversions.**

Name of Approved Supplier (enter text)

Postal Address (enter text)

Contact Person (enter text)

Telephone (enter text)

Facsimile (enter text)

Email Address (enter text) *Confirmation of this notification will be emailed to one representative of the supplier.***SECTION 4 - Details of disposal of gaming machine/s (if applicable - replacements only).**

Name of person who is to acquire the gaming machines upon disposal (i.e. recipient) (enter text)

Postal Address (enter text)

Contact Person (enter text)

Telephone (enter text)

Facsimile (enter text)

Email Address (enter text) *Confirmation of this notification will be emailed to one representative of the recipient.***SECTION 5 - Financial Arrangements**

Total purchase price of conversion/replacements

\$

**SECTION 6 - Documents that must accompany this application.**

- Sales order or acknowledgement from the supplier detailing proposed replacement/conversion arrangements and cost. The sales order must be signed by the licensee and the supplier.

**SECTION 7 - To be completed by authorised representative of licensee.**

I  
(print or type full name of authorised representative of licensee)

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

Do hereby declare that the information on this application form is true and correct.

Signed

Date

**SECTION 8 - To be completed by authorised representative of person acquiring the gaming machines upon disposal (if applicable - replacements only).**

I  
(print or type full name of authorised representative of person acquiring the gaming machines upon disposal)

on behalf of the  
(print or type name of person acquiring the gaming machines upon disposal)

Do hereby declare that the disposal information on this application form is true and correct.

Signed

Date

***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 9 - Details of Gaming Machines to be Replaced/Converted.			
<b>GAMING MACHINE 1</b>			<b>ID Number</b>
Serial Number	Machine Name	RTP %	BCV
Spec. Number	Platform/Cabinet	Link No.	Link %*
Tickets – (select if applicable) Ticket In Ticket Out (TITO) <input type="checkbox"/> Ticket Out only <input type="checkbox"/>			
Existing Machine Details			
Serial Number	Machine Name	Link No.	Link %*
<b>GAMING MACHINE 2</b>			<b>ID Number</b>
Serial Number	Machine Name	RTP %	BCV
Spec. Number	Platform/Cabinet	Link No.	Link %*
Tickets – (select if applicable) Ticket In Ticket Out (TITO) <input type="checkbox"/> Ticket Out only <input type="checkbox"/>			
Existing Machine Details			
Serial Number	Machine Name	Link No.	Link %*
<b>GAMING MACHINE 3</b>			<b>ID Number</b>
Serial Number	Machine Name	RTP %	BCV
Spec. Number	Platform/Cabinet	Link No.	Link %*
Tickets – (select if applicable) Ticket In Ticket Out (TITO) <input type="checkbox"/> Ticket Out only <input type="checkbox"/>			
Existing Machine Details			
Serial Number	Machine Name	Link No.	Link %*

\*If applicable. 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's approval is not given within 4 weeks after the linked-jackpot authorisation is cancelled or surrendered then an extension must be sought, otherwise the amount is a debt owing to the Territory.

**SECTION 10 – 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)