

**APPLICATION FOR APPROVAL OF GAMING MACHINES AND PERIPHERAL EQUIPMENT**

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

**SECTION 1 - Details of Applicant**

An approved Supplier may apply for approval of a gaming machine or peripheral equipment.

Name of Supplier (enter text)

Certificate Number (enter text)

Postal address (enter text)

Contact Person (enter text)

Telephone (enter text)

Email Address (enter text) *Please note that an approval or refusal will be emailed to this address.*

**SECTION 2 - Details of Gaming Machine or Peripheral Equipment**

Name of Gaming Machine or Peripheral Equipment (enter text)

Type of Gaming Machine or Peripheral Equipment (enter text)

Specification Number (enter text)

Application Reference Number (enter text)

Does this product allow the use of an audio device that is not designed or intended primarily to assist a person with a hearing impairment?

☐ Yes (Please attach details)

☐ No

Does the product proposed to be approved introduce new technology not previously approved in this jurisdiction? (enter text)

☐ Yes (Please attach details)

☐ No

The product includes the following type of gaming machine games (cannot be a combination of both)

☐ Class B gaming machine games

☐ Class C gaming machine games

### **SECTION 3 - Documents required prior to assessment of this application.**

- The results of a technical evaluation of the product by an approved entity;
- A copy of the release notes or summary of product that briefly details the functions of the product; and
- Any available research on the consumer protection and harm minimisation implications of the product proposed to be approved (previously unapproved technology only).

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

I (print or type full name of licensee's representative)

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

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

Signed:

Position (print or type position held with licensee):

Date:

## Lodgement and payment methods

This form should be lodged via email to [gaming.operations@act.gov.au](mailto:gaming.operations@act.gov.au)

Once you have lodged the form you can make payment via the following methods:

### **Credit Card:**

Please click on the following link to make payment:

<https://form.act.gov.au/smartforms/servlet/SmartForm.html?formCode=1009-gaming&Acc=GAGM>

### **Other payment method:**

If you wish to pay via an alternate method, please contact us on 02 6207 2343

Your application will not be assessed until payment has been received.

Please note that the licence fee is GST exempt. 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 [www.gamblingandracing.act.gov.au](http://www.gamblingandracing.act.gov.au)

Alternatively, you can contact the Commission on 02 6207 2343 for more information.