



GAMING MACHINE ACT 2004, s74,84

Form made pursuant to s 53D of Gambling and Racing Control Act 1999

APPLICATION FOR A NEW/RENEWED TECHNICIAN CERTIFICATE

Requirements BEFORE you lodge this application with the Commission

- 1. As part of the application process an applicant is required to undergo fingerprinting through the Australian Federal Police (AFP).
- 2. Applicants must also complete and submit to the AFP a National Police Check Application Form available from the AFP website: http://www.afp.gov.au/what-we-do/police-checks/national-policechecks.aspx. The code number for insertion on the AFP form is 30 and the mailing address for the police certificate should be noted as:

ACT Gambling & Racing Commission GPO Box 158 CANBERRA ACT 2601

Before completing this Application form please read the following instructions carefully

- 1. Type or print in blue or black ink an answer to **every** question.
- 2. If a question does not apply to you or there is nothing to disclose insert "N/A" in response to that question.
- 3. ANY QUESTION NOT ANSWERED OR LEFT BLANK WILL RESULT IN THE APPLICATION FORM BEING RETURNED TO THE APPLICANT.
- 4. If the space available is insufficient please supply the additional information on an attachment page and precede each answer with the title applicable to that question (eg. Marital Information).
- 5. All dates should be completed in the form Day/Month/Year.
- 6. Ensure ALL required attachments (refer to table below) are enclosed with your application form.

An application NOT accompanied by ALL of the required attachments and the correct application fee is considered incomplete and will be returned to the applicant.

Upon completion of the above requirements, you then lodge this application form with the Commission together with all other documentation/material detailed in the table below:

The following must be submitted WITH a new application
a fully completed Statutory Declaration in relation to an Eligible Person (see Attachment to application)
a written statement from each approved supplier/employer stating that the applicant is
competent to perform the functions of a technician and is employed or has offered to employ the applicant as an Approved Technician
if applicant is applying for a certificate in respect of their own business a written statement is to
be submitted to this effect
a record of appointment for fingerprinting with the AFP
a certified copy of the applicant's full birth certificate (not an extract) or current passport
a certified copy of another form of identification eg. driver's licence
an original or certified copy of the applicant's consumer credit report (not an extract) dated
within 1 month of lodging an application. Reports may take a minimum of 10 working days to
process and can be obtained from VEDA ADVANTAGE http://www.mycreditfile.com.au or DUN &
BRADSTREET http://www.dnbcreditreport.com.au).
if applicant's name has changed, certified copies of supporting documentation such as a deed poll
or marriage certificate
four (4) recent passport photographs with applicant's name clearly printed on the back
if born overseas, certified proof of Australian Citizenship, permanent residency or visa
documentation permitting applicant to live/work in Australia
if not an Australian Citizen, an applicant must provide a certified copy of a current police criminal
check from their country of origin if they have resided in Australia for less than 5 years

SECTION 1 – Details of Applicant					
Surname (enter text)					
Given Name/s (enter text)					
Other Names (aliases, nicknames, former names, maiden names) (enter text)					
Date of Birth (enter text)					
Contact Number (enter text)					
Email Address (enter text)					
Have you previously been issued with an Approved Technician Certificate in the ACT? Yes No					
If so, please specify the supplier/s:					
SECTION 2 – Details of Supplier/Employer					
Name of Supplier/Employer		Contact Number			
SECTION 3 – Residence Information List <i>all</i> addresses at which you have been a resident during the last 5 years. (account for all periods – dates MUST be continuous. Include any period of no fixed-address and state a reason e.g. travel)					
Address	From		То		
Present Address (enter text)					
Previous Address/s (enter text)					

SECTION 5 – Employment History

List all your work history, both full and part time, and if applicable all periods of unemployment, schools attended and all businesses with which you have been involved during the last 5 years. Account for all periods – dates **MUST** be continuous.

From	10	Employer	Occupation				
SECTION 6 -	- Records of (Offences and Civil Claims					
second hand	d dealer etc.)	that has been withdrawn by yo	ny industry (such as liquor, real estate agent, ou, refused, cancelled, revoked, suspended or lt of disciplinary proceedings or otherwise?				
If yes, pleas	If yes, please describe (enter text)						
•	Do you have reason to believe that a criminal prosecution, civil matter or proceedings against you may be pending? Yes No						
If yes, pleas	e describe (er	nter text)					
judgement (r in relation to financial matter	personal insolvency agreement, had a civil s returned against you? (centrelink				
If yes, pleas	e describe (er	nter text)					
		ou been involved in the manag winding-up order, or an admini	ement of a corporation when it either strator was appointed?				
If yes, pleas	e describe (er	nter text)					

SECTION 7 – Declaration

Read carefully before signing

I, (name)

Declare that;

- a) I am the person identified in this form;
- b) I have personally completed this form or have supplied all the information indicated herein;
- c) there has been full disclosure of any relevant circumstance and the information in this application is correct;
- d) the details of convictions, findings of guilt, or prosecutions pending in the last 5 years, whether in the ACT or elsewhere, of an offence are as provided in this form;
- e) the details of any bankruptcy or payment arrangement with creditors in the last 5 years are as provided in this form;
- f) the details in the last 5 years during which I was involved in the management of any corporation when it became the subject of a winding-up order or had a controller or administrator appointed, are as provided this form

g)	fingerprints and have authorised them to report the results of the check to the ACT
	Gambling and Racing Commission.
h)	I authorise the ACT Gambling and Racing Commission to use the results of the AFP check for the purposes of the <i>Casino Control Act 2006</i> .
Signed	:
Date:	

SECTION 8 – Authorisation

Read carefully before signing

All courts, probation departments, employers - current and previous, educational institutions, legal practitioners, banks, financial and other institutions, all agencies - Federal, State and Local, both foreign and domestic and to whomsoever else this authorisation may be duly presented.

I, (name)

Date:

hereby authorise the ACT Gambling and Racing Commission ("the Commission") and the Australian Federal Police ("the Police") to conduct investigations into my background for the purpose of assessing my suitability to obtain or maintain a casino employee licence under the provisions of the Casino Control Act 2006.

I HEREBY AUTHORISE the Commission and the Police to access, inspect and obtain copies of

- a) any credit report, other report, legal or personal information derived from those reports that has any bearing on my credit worthiness, credit history, credit standing or credit capacity
- b) any loan information, cheque account records, savings deposit records, safe deposit box records, passbook records and bank statement sheets pertaining to me.
- c) any records relating to investigations of my activities conducted by any State, Territory, Federal or overseas police force, crime investigation agencies, corporate regulatory agencies or any gaming or casino regulatory authorities
- d) any court records relating to any present or past civil or criminal court proceedings to which I am or was a party; and
- e) any other document, record or correspondence pertaining to me.

You are HEREBY AUTHORISED to release to the Commission or the Police all the documents, reports, records and information requested by them.

The purpose for which this Authorisation has been given is to satisfy Schedule 1, Territory Privacy Principle 3.3 of the Information Privacy Act 2014 which provides that a public sector agency may only

collect sensitive information when the individual concerned consents to the collection and the
information is reasonably necessary for, or directly related to, one or more of the agency's functions.
Signed:

LODGEMENT AND PAYMENT METHODS

This form should be lodged via the Access Canberra website or email to gaming.operations@act.gov.au

Payment may be made by direct deposit or credit card via this link: https://form.act.gov.au/smartforms/servlet/SmartForm.html?formCode=1009-gaming

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