

**APPLICATION FOR REPLACEMENT OF LICENCE, AUTHORISATION CERTIFICATE OR AUTHORISATION SCHEDULE.**

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

**Details of Application**

A licensee may seek a replacement of a licence, authorisation certificate or authorisation schedule.  
 A supplier may seek replacement of a supplier certificate.

I wish to apply for replacement:-

- licence;  
 authorisation certificate;  
 authorisation schedule;  
 supplier certificate.

**SECTION 1- Details of Applicant – Gaming machine licensees**

Name of licensee's legal entity (enter text)		Licence Number (enter text)
Postal address (enter text)		
Name of authorised premises (if applicable) (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 text)		

**SECTION 2- Details of Applicant – Suppliers**

Name of supplier's legal entity (enter text)		Certificate Number (enter text)
Postal address (enter text)		
Contact Person (enter text)	Telephone (enter text)	Facsimile (enter text)
Email Address (enter text)		

**AF2015-80**

**SECTION 2- 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 3 - Documents that must accompany this application.**

- A statutory declaration about the loss, theft or destruction of the licence, authorisation or supplier certificate or authorisation schedule.

**SECTION 4- 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](http://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](mailto: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 5 – 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)