

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)	Facsimile (enter text)
Email Address (enter text) <i>Please note that an approval or refusal will be emailed to this address.</i>		

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? <input type="checkbox"/> Yes (Please attach details) <input type="checkbox"/> No	Does the product proposed to be approved introduce new technology not previously approved in this jurisdiction? (enter text) <input type="checkbox"/> Yes (Please attach details) <input type="checkbox"/> No

GAMING REGULATION SECTION USE ONLY - LICENSEE NOT TO COMPLETE THIS PART

	Y	N	
Application fee paid			_____ Date: ____/____/____ Signature of Delegate Approval number: NI _____ Date Notified: ____/____/____
Technical Evaluation received			
Research considered			
Application approved			

AF2015-74

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 approved supplier.

I (print or type full name of the Approved Supplier's representative)

on behalf of the (print or type name of the Approved Supplier)

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 the Approved Supplier)

Date

SECTION 5 – 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
- 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

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 – LICENSEE NOT TO COMPLETE THIS PART

Payment

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