



Gambling and Racing Control Act 1999, s 53D  
**GAMING MACHINE ACT 2004**



**APPLICATION FOR APPROVAL OF  
 NEW GAMING MACHINE**

<b>MANUFACTURER</b>			
<b>ADDRESS</b>			
<b>CONTACT NAME</b>		<b>PHONE</b>	
		<b>FAX</b>	

**MACHINE DETAILS**

<b>GAME NAME</b>		
<b>VERSION (eg. MK 1)</b>		
<b>GAME TYPE (eg. Spinning Reels)</b>		
<b>BASE CREDIT VALUE</b>		
<b>MAXIMUM BET VALUE</b>		
<b>PERCENTAGE RETURN TO PLAYER (PRTP)</b>	<b>Variation No.</b>	<b>Min/Max PRTP</b>

I, .....  
 (print full name)

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

Signature.....Position with Company.....

Date / /

THIS SECTION FOR OFFICE USE ONLY – GAMING SECTION			
<b>APPLICATION FEE PAID</b>	<b>YES</b>		<b>APPLICATION APPROVED</b> <b>YES</b> <b>NO</b>
<b>TECHNICAL APPROVAL</b>	<b>YES</b>		
<b>NOTIFIED IN LEGISLATION REGISTER</b> (Date of Notification) ...../...../.....	<b>YES</b>		
			<b>APPROVAL NO.</b> .....
			..... Signature of Delegated Officer    Date...../...../.....

**IMPORTANT INFORMATION**

**The prescribed fee must accompany this application.**

**Please note that once an 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 6207 0359 for more information.**

**Post application to:**

**ACT Gambling and Racing Commission PO Box 214 CIVIC SQUARE ACT 2608**

**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 provided below.

**PAYMENT BY CREDIT CARD**

Card type       Master Card       Visa      Amount \$ ..... (maximum of \$3,000.00)

Card Number    Expiry Date: ...../.....

Name on Card: ..... Signature: .....

**THIS SECTION FOR OFFICE USE ONLY – FINANCE SECTION**

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