

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

SECTION 1		DETAILS OF SUPPLIER			
Name of Supplier				Approval No.	
Postal Address					
Contact Name				Position	
Contact Details	Phone		Fax		Email

SECTION 2		DETAILS OF GAMING MACHINE or PERIPHERAL EQUIPMENT			
Name of Game / Equipment					
Type of Game / Equipment					
Application Reference Number (ARN)				Specification Number	

SECTION 3		FEES PAYABLE	
Remittance Due	\$	For payment options see last page.	

SECTION 4		ADVICE DETAILS			
<i>The approval notification will be forwarded to the person nominated below.</i>					
Name				Position	
Postal Address					
Contact Details	Phone		Fax		Email
Preferred delivery method of advice (please tick)      Mail <input type="checkbox"/> Email <input type="checkbox"/> Both <input type="checkbox"/>					

SECTION 5		DECLARATION	
I, _____ of _____ <small>(print full name)</small> <small>(name of supplier)</small>			
do hereby declare that the information on this application form and accompanying documentation is true and correct.			
Signature	_____	Position	_____
Date	____/____/____		

This section for office use only – Gaming Regulation			
	Y	N	
Application fee paid			
Technical Evaluation received			
Research considered			
Application approved			
Notified in Legislation Register			
			Signature of Delegated Officer _____ Date: ____/____/____
			Approval Number NI _____ Comb. No. _____

AF2011-14

**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 website 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 Mastercard). Please complete the required details in the area provided below.

**PAYMENT BY CREDIT CARD**

Card type       Mastercard                       Visa                      Amount      \$.....

Card Number      \_\_\_\_\_

Expiry Date      /      /

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

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

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