

APPLICATION – TECHNICAL AMENDMENT – Gaming Machine *REPLACEMENT* or *CONVERSION*

SECTION 1 - Details of Applicant An applicant may be: <ul style="list-style-type: none"> • A club licensee; or • A hotel or tavern licensee. 		Please select <u>ONE</u> option: <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> CONVERSION	
Name of Licensee and Licence Number (enter text)			
Physical Address (enter text)			
Postal Address (enter text)			
Contact Person (enter text)	Telephone (enter text)	Facsimile (enter text)	
Email Address (enter text)			

SECTION 2 - Details of Approved Supplier installing the gaming machine replacements or conversions.			
Name of Approved Supplier (enter text)			
Physical Address (enter text)			
Postal Address (enter text)			
Contact Person (enter text)	Telephone (enter text)	Facsimile (enter text)	
Email Address (enter text)			

SECTION 3 - Details of Approved Supplier supplying the gaming machine replacements or conversions.			
Name of Approved Supplier (enter text)			
Postal Address (enter text)			
Contact Person (enter text)	Telephone (enter text)	Facsimile (enter text)	
Email Address (enter text)			

GAMING REGULATION SECTION USE ONLY – APPLICANT NOT TO COMPLETE THIS PART			
AUTHORISED BY	DATE	APPROVAL NUMBER	

SECTION 4 - Details of disposal of gaming machine/s (if applicable - replacements only).		
Name of person who is to acquire the gaming machines upon disposal (i.e. recipient) (enter text)		
Postal Address (enter text)		
Contact Person (enter text)	Telephone (enter text)	Facsimile (enter text)
Email Address (enter text)		

SECTION 5 – Financial Arrangements.	
To be completed by authorised representative of licensee	
Total Purchase Price of Conversion/replacements	\$
Source of finance (please select one) <input type="checkbox"/> Cash from licensee's funds <input type="checkbox"/> Other – please provide details below	
Provider of finance (enter text)	Duration of agreement (enter text)

SECTION 6 - To be completed by authorised representative of licensee.
<p>I (print or type full name of licensee representative)</p> <p>on behalf of the (print or type name of licensee)</p> <p>do hereby declare that the information on this application form is true and correct.</p> <p>Signed</p> <p>Position (print or type position held with licensee)</p> <p>Date</p>

SECTION 7 - To be completed by authorised representative of person acquiring the gaming machines upon disposal (if applicable - replacements only).
<p>I (print or type full name of authorised representative of person acquiring the gaming machines upon disposal)</p> <p>on behalf of the (print or type name of person acquiring the gaming machines upon disposal)</p> <p>Do hereby declare that the disposal information on this application form is true and correct.</p> <p>Signed Date</p>

SECTION 7 - Details of Gaming Machines to be replaced/converted.			
GAMING MACHINE 1			
Serial Number	Machine Name	RTP %	BCV
Specification Number	Platform/Cabinet	Link Number	Link %*
Tickets – (select if applicable) Ticket In Ticket Out (TITO) <input type="checkbox"/> Ticket Out only <input type="checkbox"/>			
Existing Machine Details			
Serial Number	Machine Name	Link Number*	Link %*
GAMING MACHINE 2			
Serial Number	Machine Name	RTP %	BCV
Specification Number	Platform/Cabinet	Link Number	Link %*
Tickets – (select if applicable) Ticket In Ticket Out (TITO) <input type="checkbox"/> Ticket Out only <input type="checkbox"/>			
Existing Machine Details			
Serial Number	Machine Name	Link Number*	Link %*
GAMING MACHINE 3			
Serial Number	Machine Name	RTP %	BCV
Specification Number	Platform/Cabinet	Link Number	Link %*
Tickets – (select if applicable) Ticket In Ticket Out (TITO) <input type="checkbox"/> Ticket Out only <input type="checkbox"/>			
Existing Machine Details			
Serial Number	Machine Name	Link Number*	Link %*

*If applicable. If an amount available as a prize in a linked-jackpot arrangement has not been won, and cannot be won because authorisation for the arrangement has been cancelled or surrendered, then the licensee must write to the Commission seeking approval to redistribute the amount as a prize or an addition to another jackpot. If the Commission's approval is not given within 4 weeks after the linked-jackpot authorisation is cancelled or surrendered then an extension must be sought, otherwise the amount is a debt owing to the Territory.

SECTION 8 - Documents that must accompany this application.

- Sales order or acknowledgement from an Approved Supplier detailing proposed replacement/conversion arrangements and cost. The sales order must be signed by the licensee and the Approved Supplier.

IMPORTANT INFORMATION

- The prescribed fee must accompany this application.
- Please note that 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:
<http://www.gamblingandracing.act.gov.au/Fees.htm>
- 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 9 – 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 – APPLICANT NOT TO COMPLETE THIS PART

Payment

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