

NOTIFICATION - Quarantine Permit Request OR Quarantine Permit Extension Request

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

Details of Notification

- A licensee may store one or more gaming machines and their authorisations for a period of at least one year and no more than three years, as long as a Quarantine Permit is sought from the Commission.
- A licensee may extend a Quarantine Permit as long as the existing permit has not been in force for three years.

Note: The amendment is effective in the prescribed number of days after the receipt of this notification by the ACT Gambling and Racing Commission. If additional information is required the effective date is the prescribed number of days from when the additional information is received.

SECTION 1 - Details of Applicant

| | | |
|---|------------------------|---------------------------------|
| Name of licensee (enter text) | | Licence Number (enter text) |
| Postal address (enter text) | | |
| Name of authorised premises (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 Storage

| |
|---|
| Name of premises where gaming machines will be stored (enter text) |
| Address where gaming machines will be stored (enter text) |
| State proposed commencement date of quarantine and duration of quarantine or extension (enter text) |

AF2015-92

SECTION 3 - Details of Gaming Machines to be stored

| | | | |
|-------------------------|--------------|------------------|--|
| GAMING MACHINE 1 | | ID Number | |
| Serial Number | Machine Name | | |
| | | | |

| | | | |
|-------------------------|--------------|------------------|--|
| GAMING MACHINE 2 | | ID Number | |
| Serial Number | Machine Name | | |
| | | | |

| | | | |
|-------------------------|--------------|------------------|--|
| GAMING MACHINE 3 | | ID Number | |
| Serial Number | Machine Name | | |
| | | | |

| | | | |
|-------------------------|--------------|------------------|--|
| GAMING MACHINE 4 | | ID Number | |
| Serial Number | Machine Name | | |
| | | | |

| | | | |
|-------------------------|--------------|------------------|--|
| GAMING MACHINE 5 | | ID Number | |
| Serial Number | Machine Name | | |
| | | | |

| | | | |
|-------------------------|--------------|------------------|--|
| GAMING MACHINE 6 | | ID Number | |
| Serial Number | Machine Name | | |
| | | | |

| | | | |
|-------------------------|--------------|------------------|--|
| GAMING MACHINE 7 | | ID Number | |
| Serial Number | Machine Name | | |
| | | | |

| | | | |
|-------------------------|--------------|------------------|--|
| GAMING MACHINE 7 | | ID Number | |
| Serial Number | Machine Name | | |
| | | | |

SECTION 4- To be completed by authorised representative of licensee.

I (print or type full name of licensee representative)

on behalf of the (print or type name of licensee)

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

Signed

Position (print or type position held with licensee)

Date

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/gambling/gaming-machines>
- 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

GAMING REGULATION SECTION USE ONLY – APPLICANT NOT TO COMPLETE THIS PART

| | | |
|---------------|------|--|
| AUTHORISED BY | DATE | |
|---------------|------|--|

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 – APPLICANT NOT TO COMPLETE THIS PART

Payment

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