

BEFORE COMMENCING THIS APPLICATION **PLEASE READ THE INSERT PROVIDED.**
IF YOU REQUIRE ASSISTANCE, YOU MAY CONTACT THE LIQUOR AND GAMING BRANCH ON (03) 6233 2475

ASSOCIATE APPLICATION FORM

CHECKLIST PLEASE ENSURE REQUIREMENTS FOR EACH ITEM ARE COMPLETE BEFORE SUBMITTING THIS APPLICATION

- All questions are answered and details provided where required - ensure you write in **BLOCK LETTERS** in pen, not pencil. If a question does not apply to you state **N/A** in response to that question. If space available is insufficient, please supply the required information on an attached page and precede each answer with the number applicable to the question.
- Provide two (2) copies of identification documents, one of these must be a form of photo identification (eg. Passport or Driver Licence).** These copies need to be endorsed with the words "original sighted" and signed by an acceptable witness.
- The correct application fee is enclosed.

You may be requested to provide additional information as part of the assessment of your application.

REASON FOR ASSOCIATE APPLICATION PLEASE TICK

1. Associate of an applicant or current holder of a Licensed Premises Gaming Licence
2. Associate of an applicant for listing or an associate of a currently listed company on the Roll of Recognised Manufacturers, Suppliers and Testers of Gaming Equipment
3. Associate of an applicant or a current holder of a Tasmanian Gaming Licence
4. Associate of an application or a current holder of a Foreign Games Permit

THIS DOCUMENT AND ITS CONTENTS WILL REMAIN STRICTLY CONFIDENTIAL
TO THE LIQUOR AND GAMING BRANCH AND THE TASMANIAN GAMING COMMISSION.

1. **FULL NAME OF APPLICANT** (Note: The applicant must be at least 18 years of age)

TITLE	SURNAME	GIVEN NAME	
MIDDLE NAME/S		DATE OF BIRTH	PLACE OF BIRTH (TOWN AND STATE)

2. **HAVE YOU BEEN KNOWN BY ANY OTHER NAMES?**

(For example, maiden name, married name, family name, change by deed poll etc.)

GIVE DETAILS

3. **CONTACT DETAILS**

WORK	HOME PHONE	MOBILE / AH	EMAIL

Do you consent to being contacted via email? NO YES

4. **CURRENT RESIDENTIAL ADDRESS**

POSTCODE:	
FROM (month and year)	TO (month and year)

5. **POSTAL ADDRESS** (If different from residential)

POSTCODE:

6. **PREVIOUS RESIDENTIAL ADDRESS**

POSTCODE:	
FROM (month and year)	TO (month and year)

7. **DO YOU HAVE A CURRENT DRIVER LICENCE?** NO YES (If YES complete below)

LICENCE NUMBER	EXPIRY DATE	PLACE OF ISSUE

8. **DETAILS OF THE WITNESS TO YOUR PHOTOGRAPHS AND IDENTIFICATION**

TITLE	SURNAME	GIVEN NAME/S
ADDRESS		
POSTCODE:		
OCCUPATION	TELEPHONE	CATEGORY OF WITNESS (See insert)

9. HAVE YOU EVER BEEN EMPLOYED OR APPROVED AS AN ASSOCIATE IN THE GAMBLING

INDUSTRY? NO YES (If YES provide details)

(ie casino, keno/gaming machine venue or gaming regulatory authority)

LICENCE TYPE AND NUMBER

--

PLACE AND YEAR OF ISSUE

--

NAME OF CONTROL AUTHORITY

--

10. ARE YOU CURRENTLY EMPLOYED? NO YES (If YES complete below)

CURRENT OCCUPATION

PRESENT EMPLOYER

--	--

ADDRESS

--

POSTCODE:

--	--

FROM (month and year)

--

11. HAVE YOU EVER BEEN CONVICTED OF AN OFFENCE IN TASMANIA OR ELSEWHERE (WHETHER AS A JUVENILE OR AN ADULT)?

NO YES (If YES provide details)

NATURE OF OFFENCE

LOCATION

DATE

12. HAVE YOU EVER BEEN A BANKRUPT OR ARE YOU CURRENTLY AN UNDISCHARGED BANKRUPT?

NO YES

13. CONSENT TO FINGERPRINT

I consent to being fingerprinted and palm printed for the Tasmanian Gaming Commission.

NO YES (If NO your application may be refused by the Tasmanian Gaming Commission)

14. IS THERE ANYTHING ELSE YOU WISH TO DISCLOSE WHICH YOU CONSIDER WOULD BE RELEVANT TO THE TASMANIAN GAMING COMMISSION'S CONSIDERATION OF YOUR APPLICATION?

NO YES (If YES provide details)

**THE APPLICANT IS REQUIRED TO COMPLETE BOTH THE 'STATUTORY DECLARATION'
AND THE 'AUTHORITY AND CONSENT' SECTIONS**

STATUTORY DECLARATION

I, _____
(Full Name of Applicant)

of _____

(Address of Applicant)

DO SOLEMNLY AND SINCERELY DECLARE:

- (a) I have personally completed all the information required in this Associate Application Form; and
- (b) I certify that the particulars contained in the completed Associate Application Form are true and correct in every detail and fully disclose the information required to complete this application.

**AND I MAKE THIS SOLEMN DECLARATION
by virtue of the Oaths Act 2001.**

(Signature of Applicant)

DECLARED at _____
(Place of declaration eg. Hobart)

In the State of _____
(State of declaration eg. Tasmania)

This **day of** **20**

before me _____
(Signature of Witness)

(Name and Occupation of Witness)

(Category of Witness)

AUTHORITY AND CONSENT

To: All courts, Government Departments, employers, educational institutions, banks, financial and other institutions, all agencies - Federal, State and Local Governments, without exception to both foreign and domestic and to whomsoever else this authorisation and consent may be duly presented.

From: _____
(Full Name of Applicant)

of _____

(Address of Applicant)

Date of Birth / /

Telephone (H) _____ (W) _____

I hereby authorise and consent to the Tasmanian Gaming Commission and any member of the Liquor and Gaming Branch to obtain information (including financial and other confidential information) concerning myself. A photocopy of this Authority and Consent will be considered as effective and as valid as the original.

One of the purposes for which this Authority and Consent has been given is to satisfy Section 18N(1)(ga) of the Commonwealth Privacy Act 1988 which provides that the personal information in possession of any credit provider can only be disclosed to another person where there is written authorisation by the applicant to do so.

(Signature of Applicant)

Date / /

(Signature of Witness)

(Name and Address of Acceptable Witness)

CATEGORY OF ACCEPTABLE WITNESSES (Note: A family member is NOT an acceptable witness)	
1. A Commissioner for Declarations	5. A legally qualified medical practitioner
2. A Justice of the Peace or bail justice	6. A pharmacist
3. A member of the police force	7. An authorised person of the Tasmanian Gaming Commission
4. A barrister and solicitor of the Supreme Court	

Email: gaming@treasury.tas.gov.au

Web: www.treasury.tas.gov.au

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