

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

APPLICATION FOR A SPECIAL EMPLOYEE'S OR TECHNICIAN'S LICENCE

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 four (4) recent passport photographs signed by an acceptable witness on the reverse side**
Note: The witness must state: "This is a true photograph of (applicant's name), signed (witness name)" and dated.
- Provide two (2) 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.

GAMING LICENCE CATEGORIES

PLEASE TICK

1. Licensed Premises Gaming Operative:

(Hotel or Club Staff)

Keno Writer

Senior Writer

Gaming Machine Attendant

Gaming Machine Supervisor

2. Casino Operative

3. Casino Management

4. Casino Security

5. Statewide Gaming Operative

(Network Gaming Staff Only)

6. Statewide Gaming Management

(Network Gaming Staff Only)

7. Technician (Category A)

8. Technician (Category B)

9. Betting Exchange Operative

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**

HOME PHONE	MOBILE / AH	WORK	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)

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 Special Employee's or Technician's Licence Application Form; and
- (b) I certify that the particulars contained in the completed Special Employee's or Technician's Licence 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

Hobart

80 Elizabeth Street, HOBART
GPO Box 1374, HOBART TAS 7001
Ph: (03) 6233 2475
Fax:(03) 6234 1728

Launceston

Henty House, 1 Civic Square, LAUNCESTON
PO Box 972, LAUNCESTON TAS 7250
Ph: (03) 6336 2261
Fax:(03) 6336 2799

