

BEFORE COMMENCING THE APPLICATION **PLEASE READ THE INSERT PROVIDED**
IF YOU REQUIRE ASSISTANCE CONTACT THE LIQUOR AND GAMING BRANCH ON
(03) 6166 4040 - HOBART OR (03) 6777 2777 - LAUNCESTON

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) 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



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 LIQUOR AND 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 (The Commission will contact you by email)

WORK	HOME PHONE	MOBILE / AH	EMAIL

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 IDENTIFICATION

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

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 application form; and
- (b) I certify that the particulars contained in the completed 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 Acceptable 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 (M) _____

I hereby authorise and consent to the Tasmanian Liquor and Gaming Commission and any member of the Liquor and Gaming Branch to obtain information (including financial and other confidential information) concerning myself. I also consent to my information being checked with the document issuer or official record holder for the purpose of confirming my identity. 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 peace or bail justice	6. A pharmacist
3. A member of the police force	7. An authorized person of the Tasmanian Liquor and Gaming Commission
4. A barrister an solicitor of the Supreme Court	

Applications may be lodged in person, by post or faxed to the contact details below.

Email: gaming@treasury.tas.gov.au
Web: www.gaming.tas.gov.au
Fax: (03) 6173 0218

HOBART
Salamanca Building Parliament Square
4 Salamanca Place HOBART
Ph: (03) 6166 4040

MAILING ADDRESS
GPO Box 1374
HOBART TAS 7001

LAUNCESTON
3RD Floor Henty House
1 Civic Square LAUNCESTON
Ph: (03) 6777 2777

