**AUTOMATIC MUTUAL RECOGNITION (AMR) SCHEME NOTIFICATION**

WA is currently automatically recognising the activities covered by an occupational licence for a Casino Key Employee and a Casino Employee from jurisdictions that are participating in AMR. There is a notification requirement for these applications. **You cannot commence work in WA prior to this form and the supporting evidence being lodged.**

**Should you move to WA you will need to apply for a WA licence as AMR will no longer apply.**

Notifications can be submitted by email to rgl@dlgsc.wa.gov.au or by mail to PO Box 8349, Perth Business Centre, WA 6849.

**CASINO KEY OR CASINO EMPLOYEE LICENCE**

***ALL QUESTIONS MUST BE ANSWERED***

 *If a question does not apply to you, write N/A in response.*

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| **PART 1 – TYPE OF NOTIFICATION** |

I hold a licence/registration in my home State authorising me to carry on the activities of the occupation identified below, and seek deemed automatic registration in accordance with Part 3A of the Mutual Recognition Act1992 (Commonwealth):-

**a casino key employee**

**a casino employee**

Home Jurisdiction \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Australian State)

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| **PART 2 – LICENCE DETAILS (for Home State)** |

**Licence Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiry Date** \_\_\_\_\_\_/\_\_\_\_\_\_ /\_\_\_\_\_\_

\*You must hold a current licence if conducting your licence activity under ADR in WA.

I currently hold a licence or operate under an automatic deemed registration (or interim deemed registration) in the following jurisdictions (select all that apply)

NSW ACT NT QLD

SA VIC TAS

Date you intend to commence your activities in WA \_\_\_\_\_\_\_/\_\_\_\_\_\_ /\_\_\_\_\_\_

Crown Perth Position Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Crown Perth Position Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART 2a – LICENCE DETAILS (for any other State)**

**Licence Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiry Date** \_\_\_\_\_\_/\_\_\_\_\_\_ /\_\_\_\_\_\_

\*You must hold a current licence if conducting your licence activity under ADR in WA.

I currently hold a licence or operate under an automatic deemed registration (or interim deemed registration) in the following jurisdictions (select all that apply)

NSW ACT NT QLD

SA VIC TAS

Date you intend to commence your activities in WA \_\_\_\_\_\_\_/\_\_\_\_\_\_ /\_\_\_\_\_\_

Crown Perth Position Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Crown Perth Position Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **PART 3 - PERSONAL INFORMATION** |

**(a) Legal name(s):** **Male** [ ]  **Female** [ ]

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 first name middle name(s) surname/family name

**(b) Other names:** include any maiden name, aliases and other names (legal or otherwise) that you have used or by which you have been known.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 first name middle name(s) surname/family name

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**(c) Date of birth:**

**(d) Residential Address:**

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 number street suburb postcode

**(e) Postal Address:**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 number street suburb postcode

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 **(i) Home Telephone:**

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 **Mobile:**

 **Email Address ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(f) Employer's name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employer's address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 number street suburb postcode

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| **PART 4 – AUTHORISATION TO MAKE INQUIRIES** |

In making this application I hereby agree that the Gaming and Wagering Commission of Western Australia and the Chief Casino Officer may cause whatever inquiries are considered necessary, to verify the information provided by or concerning me, and that such inquiries may occur before and after I commence work under the AMR Scheme.

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| **PART 5 – DECLARATION** |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ declare:

I am not subject to disciplinary proceedings in any State or Territory in relation to this occupation.

My licence is not cancelled or suspended in any State or Territory as a result of disciplinary action.

I am not otherwise prohibited from carrying on my occupation in any State or Territory and am not subject to special conditions in carrying out that occupation as a result of criminal, civil or disciplinary proceedings in any State or Territory.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date**\_\_\_\_\_\_/\_\_\_\_\_\_ /\_\_\_\_\_\_

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| **PART 6 – ATTACHMENTS** |

The following documents are required to be forwarded with your application: -

* A copy of your current Casino Employee Licence issued by your home state regulator.
* Your introduction letter from Crown Perth.
* A copy of all other casino employee licences issued by the regulator of that state.