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## CERTIFIED SUPPLIER OF GAMING EQUIPMENT

GAMING AND WAGERING COMMISSION ACT 1987  
(Section 88(5))

**Before commencing this application form please read the following instructions carefully:-**

1. **ALL QUESTIONS MUST BE ANSWERED.** If a question does not apply to you, write “*Not Applicable*” or “*N/A*” in response.
2. Applications may be lodged in person or by mail at least 14 days prior to commencement. If lodged in person and the applicant is seeking a Category D certificate, an officer of the **Department of Local Government, Sport and Cultural Industries** (DLGSC) will take a digital photograph for inclusion on your certificate. ***If lodged by mail, see pages 3 & 7.***
3. The application must be accompanied by:-
  - ♦ the prescribed application fee. Please note that an additional fee is required for the approval of each person seeking to be approved, including directors of a proprietary limited company. (no fee applicable for Category E applications);
  - ♦ one of the following forms of photographic identification:-
    - ♦ a current drivers licence
    - ♦ a proof of age card
    - ♦ a current passport

If you do not have photographic identification, you will be required to provide two items of identification listed at page 7 (one of the documents must contain a signature of the applicant).
4. Category D applications must be accompanied by evidence that they have completed an appropriate course of study from an accredited training provider; or certification from their employer that they are appropriately trained and competent to carry out cord and plug electrical work. **(No licence will be issued without such evidence).**
5. While this application is being processed the *Gaming and Wagering Commission of Western Australia* should be advised of any change in your personal details.
6. All information provided will be treated as confidential.
7. Dates should be entered in the following format: Day / Month / Year
8. Please print clearly in BLOCK LETTERS using a *black* ball point pen
9. If the space on the form is insufficient please supply the information on an attachment page. Clearly mark which question the attachment refers to.

**Applications may be lodged in person at;**

Level 2, Gordon Stephenson House  
140 William Street  
PERTH WA 6000  
Telephone: (08) 6551 4888  
Country Callers: 1800 634 541

**or by mail to;**

Post Office Box 8349  
Perth Business Centre  
WA 6849

## IMPORTANT

Failure to give a true, correct and complete answer to any question in this application form may result in a refusal of the certificate application and may make you liable to conviction of an offence under section 29 of the Gaming and Wagering Commission Act 1987 ("the Act"). A person who makes a declaration that is to his knowledge false in a material particular is liable on conviction for an offence under section 170 of the Criminal Code.

### PART 1 GAMING EQUIPMENT

I hereby apply for a Certificate in the following category/s:-

✓ Applicable Category/s

A	Sale or Supply of Bingo and Continuing Lottery Tickets	
B	Sale Supply Maintenance or Repair of tables and equipment used in table games	
C	Sale or Supply of Video Lottery Terminals	
D*	Maintain/Repair Video Lottery Terminals	
E	Owner Operator – Video lottery Terminals	

All Category (D) applicants must hold a current Restricted Electrical Licence in Communications and Computing Equipment issued by the Office of Energy. No approval will be issued until this office has sighted an original certificate.

NOTE: Category E (Owner Operator) only applies to clubs that own their own VLT machine(s). These applicants are not required to complete The Authority to Release Record of Convictions Form.

**ANY PERSON WHO MAKES ANY MATERIAL OMISSION OR PROVIDES ANY FALSE OR MISLEADING INFORMATION IN RELATION TO THIS APPLICATION COMMITS AN OFFENCE UNDER SECTION 29 OF THE GAMING AND WAGERING COMMISSION ACT 1987 AND IS LIABLE ON CONVICTION TO A FINE OF UP TO \$5000, OR IMPRISONMENT FOR 1 YEAR OR BOTH.**

**PART 2 – PHOTOGRAPHIC IDENTIFICATION – only 1 section should be completed**

If the application is being lodged in person, the identity of the applicant must be verified by an DLGSC officer completing this section:-

Date photograph taken at DLGSC:  
**(Photograph only required for Category D applications)**

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Applicant identified by one of the following photographic identification:-

- ♦ a current drivers licence
- ♦ a proof of age card
- ♦ a current passport

____ / ____ / ____ Original ID sighted	_____ Signature of RGL Officer
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If the applicant does not have photographic identification, they will be required to provide two of the forms of identification listed at page 7 (one of the documents must contain a signature of the applicant).

If the application is being lodged by mail this section must be completed by the person certifying the identity of the applicant:-

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Date photograph taken:  
 (Category D applications only)

I certify that this is a true resemblance of \_\_\_\_\_ whom I have known for \_\_\_\_\_ years.  
name of applicant

\_\_\_\_\_  
 Signature of person certifying identity of applicant

Name of person certifying identity of applicant: \_\_\_\_\_

Category D applications only

**1 X Passport Photograph**

(attach with pins)

Address: \_\_\_\_\_

number	street	suburb	postcode
home/after hours telephone	work/daytime telephone	mobile	

Relationship to applicant: \_\_\_\_\_

**PART 3 – APPLICANT INFORMATION**

(a) **Full name:**

Title first name middle name(s) family/company name

(b) **Address:**

number street suburb postcode

home/after hours telephone				work/daytime telephone				mobile			
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home/after hours telephone work/daytime telephone mobile

(c) **Email:** \_\_\_\_\_

(d) If applicant is an individual date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

If applicant is a company date of incorporation: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

If applicant is a partnership date of registration: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

If applicant is a club, date of incorporation: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

(e) **Particulars of Directors, Partners or Executive Committee**

Title first name middle name(s) family name

number street suburb postcode

home/after hours telephone				work/daytime telephone				mobile			
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home/after hours telephone work/daytime telephone mobile

Title first name middle name(s) family name

number street suburb postcode

home/after hours telephone				work/daytime telephone				mobile			
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home/after hours telephone work/daytime telephone mobile

Title first name middle name(s) family name

number street suburb postcode

home/after hours telephone				work/daytime telephone				mobile			
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home/after hours telephone work/daytime telephone mobile

**PART 4 – RECORD OF CIVIL ACTIONS**

a) Are there any civil actions pending against the Applicant, Directors or Partners?

<b>1</b>	<b>Are there are any civil proceedings pending against the Applicant, Directors or Partners?</b> If Yes please provide details :-	<b>Yes/No</b>
<b>Yes</b>		
<b>2</b>	<b>Has the Applicant Directors or Partners ever had a civil judgement in relation to financial matters returned against them?</b> If Yes please provide details :-	<b>Yes/No</b>
<b>Yes</b>		

**PART 5 RECORD OF CONVICTIONS**

a) Has the Applicant Directors or Partners been convicted of any offence anywhere? Yes/No  
(If Yes please provide details:-)

<b>Nature of offence</b>		
<b>Date of Offence</b> 	<b>Age at time of offence</b>	<b>Place of Conviction</b>
<b>Full name under which Convicted</b>		
<b>Sentence Imposed</b>		

<b>Nature of offence</b>		
<b>Date of Offence</b> 	<b>Age at time of offence</b>	<b>Place of Conviction</b>
<b>Full name under which Convicted</b>		
<b>Sentence Imposed</b>		

<b>Nature of offence</b>		
<b>Date of Offence</b> 	<b>Age at time of offence</b>	<b>Place of Conviction</b>
<b>Full name under which Convicted</b>		
<b>Sentence Imposed</b>		

**PART 6 - AUTHORISATION TO MAKE INQUIRIES**

In making this application I/we hereby agree that the Gaming and Wagering Commission Western Australia and the Director Licensing and Industry Services may cause whatever inquiries are considered by the Commission or that officer to be necessary to be made, in the State and elsewhere, to verify the information provided by or concerning me, and that such inquiries may be made both before and after the issue of the certificate.

For the purposes of this application I hereby authorise:-

- (a) the Commissioner of Police, and any police officer in the State or elsewhere acting at the request of the Commissioner of Police, to inquire into, record and report to the Gaming and Wagering Commission Western Australia and the Director Licensing and Industry Services any known or suspected criminal activity, associates, antecedents or circumstances concerning my suitability to hold the certificate; and
- (b) the Commissioner of Police, and any police officer in the State or elsewhere acting at the request of the Commissioner of Police, to provide particulars of any convictions recorded against me to the Gaming and Wagering Commission Western Australia.

**PART 7 - DECLARATION AND INDEMNITY**

I \_\_\_\_\_  
first name middle name(s) family name

of \_\_\_\_\_  
(number) (street) (suburb) (postcode)

\_\_\_\_\_ (Occupation)

do solemnly and sincerely declare that:-

- (a) I am/we are the person/organisation identified as the applicant/organisation in this form;
- (b) I /we have personally completed this form or have supplied all the information indicated herein;
- (c) that the particulars contained in this form or attached thereto are true and correct in every detail and fully disclose the information required to complete this form; and
- (d) for myself, my heirs, executors, administrators, successors and assigns, I/we hereby:-
  - (i) release and discharge; and
  - (ii) undertake to hold harmless and indemnify (including indemnify in respect of the costs of negotiation in relation to, or of defending or settling, any action, proceeding, claim or demand),

the Government of Western Australia, the Gaming and Wagering Commission Western Australia and Director Licensing and Industry Services, the Commissioner of Police and any police officer, and any of them, and their respective agents, employees and informants, from and against all or any manner of actions, proceedings, claims, demands, losses, costs and expenses whatsoever, in law or equity and in all jurisdictions, arising out of or by reason of the processing, or investigation of, or from matters relating to, this application, including inquiries whether made before or after the issue of the certificate or continuing inquiries, whether or not attributable in whole or in part to any negligence and whether resulting directly or indirectly, and having read and understood this declaration and this release I/we execute them voluntarily.

**Declared at** \_\_\_\_\_

**This** \_\_\_\_\_ **day of** \_\_\_\_\_ **20** \_\_\_\_\_

**Signature of Applicant** \_\_\_\_\_

## PART 8 – ACCEPTABLE FORMS OF IDENTIFICATION

If photographic identification does not exist, the applicant will be required to provide **two** of the following items of identification. If the application is being lodged by mail certified copies (ie. signed by a Justice of the Peace or Police Officer) of the following identification documents must be provided: -

- Birth certificate
- Australian Citizenship papers
- Visa or immigration document
- Electoral enrolment card (or other evidence of enrolment not more than two years old)
- Current entitlement card issued by a State or Federal Government Department (eg Medicare Card)
- Current licence or identity card issued by a government organisation
- Armed Services identification

**PAYMENT DETAILS**

For fees payable please refer to [Fees and Charges](#) on our website.

Entering your credit card details below, you give consent for the appropriate application fee to be deducted from your card

<b>Card Type:</b> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/>	<b>Copy of Receipt</b> ( <i>email only</i> ): YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>Card Number:</b>	<b>Expiry Date:</b>
<b>Cardholder's Name:</b>	<b>Cardholder's Signature:</b>
<b>Email Address:</b>	