



Office Use Only	
Paid Date	
Receipt No.	
Amount Paid	

Application for:	
GAMING OPERATOR CERTIFICATE	

GAMING AND WAGERING COMMISSION ACT 1987
(Section 92)

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, 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 2 & 11.***
3. An applicant must be 18 years of age or over.
4. The application must be accompanied by:-
 - ♦ the prescribed application fee;
 - ♦ a *National Police Certificate* no older than 3 months from the lodgment of the application;
 - ♦ 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 of the items of identification listed at page 11 (one of the documents must contain a signature of the applicant).

5. Arrangements may be made for you to be interviewed in relation to your knowledge of the rules and procedures for gaming.
6. While this application is being processed, you should notify the *Gaming and Wagering Commission of Western Australia* of any change in your personal details.
7. All information provided by you will be treated as confidential.
8. Dates should be entered in the following format: Day / Month / Year
9. If the space on the form is insufficient please supply additional details 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

CONFIDENTIAL - 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.

I hereby apply for a certificate for the following category/s:- Applicable Category

Bingo Caller	Supervisor
Bingo Spotter	Two-Up
Card & Dice Games	Video/Films Racing
Cashier	

PART 1 – 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 the DLGSC:

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Applicant identified by one of the following items of photographic identification:-

- ♦ a current driver's licence
- ♦ a proof of age card
- ♦ a current passport

/ /
 Original ID sighted

 Signature of RGL Officer

If the applicant does not have photographic identification, they will be required to provide two of the items of identification listed at page 11 (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:-

Date photograph taken:

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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: _____

Address: _____
number street suburb postcode

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home/after hours telephone

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work/daytime telephone

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mobile



Relationship to applicant: _____

PART 2 - APPLICANT INFORMATION

(a) Applicant's Legal name(s): Male Female

first name middle name(s) 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. If your name has changed since birth, please provide documentary evidence of name change, such as a marriage certificate, deed poll document or licence.

first name middle name(s) family name

(c) Date of birth: ____/____/____

(d) Place of birth: _____

city state country

(e) If not born in Australia, date of arrival in Australia: ____/____/____

(f) Citizenship: _____

(g) Residential Address:

number street suburb postcode

(h) Business Address:

number street suburb postcode

(i) Home Telephone:

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Work Telephone:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Mobile:

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Email: _____

(j) Do you hold a current motor vehicle driver's licence?

YES NO

Licence Number	State or Country of Issue	Expiry Date										
		<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>										

PART 3 – PHYSICAL DESCRIPTION

Height - centimeters _____	Weight - kilograms _____
Colour of eyes	
Blue <input type="checkbox"/> Green <input type="checkbox"/> Brown <input type="checkbox"/> Hazel <input type="checkbox"/> Other _____	
Colour of hair	
Fair <input type="checkbox"/> Brown <input type="checkbox"/> Auburn <input type="checkbox"/> Red <input type="checkbox"/> Black <input type="checkbox"/> Other _____	
Complexion	
Fair <input type="checkbox"/> Ruddy <input type="checkbox"/> Medium <input type="checkbox"/> Dark <input type="checkbox"/> Other _____	
Do you have any scars, tattoos or other distinguishing markings?	Yes / No
If yes, please provide details:	

PART 4 – RECORD OF CRIMINAL OFFENCES

Have you ever been convicted of any offence (this means ALL offences including traffic, drug related and stealing offences but not traffic or parking offences dealt with by way of an infringement notice) either in Western Australia or elsewhere?

YES NO If YES provide details of each offence:-

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

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

PART 5 – RECORD OF CIVIL CLAIMS

1	Do you have any reason to believe that any criminal or civil proceedings against you may be pending? If yes please provide details:-	Yes/No
Yes		
2	Have you ever been bankrupt or subject to an order or arrangement under the laws relating to bankruptcy? If yes please provide details:-	Yes/No
Yes		
3	Have your salary, wages, earnings or other income been subject to a court order, attachment or anything of that nature? If yes please provide details:-	Yes/No
Yes		

PART 6 - RESIDENCES

List ALL addresses at which you have been a permanent resident (for a period of 3 months or more) over the last 5 years:

Period of Residency			
From:	To:		
_____ month _____ year	_____ month _____ year		
Number, Street & Suburb/City	State	Country	

Period of Residency			
From:	To:		
_____ month _____ year	_____ month _____ year		
Number, Street & Suburb/City	State	Country	

Period of Residency			
From:	To:		
_____ month _____ year	_____ month _____ year		
Number, Street & Suburb/City	State	Country	

PART 7 – EMPLOYMENT HISTORY

Provide complete details of your work history, including, if applicable, periods of unemployment, schools or colleges attended and all businesses with which you have been involved in the last **5 years**:-

Period of Employment		
From: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> month year </div>		To: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> month year </div>
Position Held		
Name & Address of Employer		
Name of Supervisor	Contact Phone Number	Email
Reason for leaving		

Period of Employment		
From: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> month year </div>		To: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> month year </div>
Position Held		
Name & Address of Employer <small>email</small>		
Name of Supervisor	Contact Phone Number	Email
Reason for leaving		

Period of Employment		
From: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> month year </div>		To: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> month year </div>
Position Held		
Name & Address of Employer		
Name of Supervisor	Contact Phone Number	Email
Reason for leaving		

PART 7 - EMPLOYMENT HISTORY

Have you previously been engaged in employment in the gaming industry?

Period of Employment		
From: _____ month _____ year	To: _____ month _____ year	
Position Held		
Name & Address of Employer		
Name of Supervisor	Contact Phone Number	Email
Reason for leaving		

Period of Employment		
From: _____ month _____ year	To: _____ month _____ year	
Position Held		
Name & Address of Employer		
Name of Supervisor	Contact Phone Number	Email
Reason for leaving		

Period of Employment		
From: _____ month _____ year	To: _____ month _____ year	
Position Held		
Name & Address of Employer		
Name of Supervisor	Contact Phone Number	Email
Reason for leaving		

PART 8 - GAMING EXPERIENCE

1	Have you ever been excluded, for any reason, from a casino either in Australia or overseas?	
	Yes / No	If yes, please provide details:-
2	Have you ever been excluded, for any reason, either in Australia or overseas from a place (other than a casino) where gaming or racing has been conducted?	
	Yes / No	If yes, please provide details:-
3	Provide brief details of any experience you have had in the casino/gaming industry	
4	Have you ever been employed, either in Australia or overseas, by a casino regulatory authority or a gaming regulatory authority?	
	Yes / No	If yes, please provide details:- Jurisdiction/Position: Brief description of duties:
5	Do you hold, or have you ever held, any casino employee licence or gaming operator's licence, in Australia or overseas?	
	Yes / No	If yes, please provide details:- Licence type: Number/Jurisdiction:
6	Have you held any licence specified above that has been –	Yes / No
	(i) cancelled; (ii) suspended; or (iii) made subject to any conditions as a result of disciplinary action?	
	Yes / No	If yes, please provide details:- Licence type: Number/Jurisdiction:
7	Have you ever withdrawn an application for a casino employee licence?	
	Yes / No	If yes, please provide details:-
8	Have you ever had an application for a casino employee licence refused?	
	Yes / No	If yes, please provide details:-

PART 9 - CHARACTER REFERENCES

Nominate 3 persons who —

- (a) are not related*;
- (b) do not work at the Crown Casino; and
- (c) have known you for a reasonable period, preferably during the last 5 years.

Referees nominated by you may be asked to appraise your character and reputation.

* A de facto partner is considered to be related to you.

Please inform your referees that you have nominated them in this application form.

Referee 1 Title - Please indicate with a ✓				Years Known to Applicant _____
Dr <input type="checkbox"/>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	
Full Name:				
first name		middle name(s)		family name
Home Address:				
number		street		suburb postcode
Business Address:				
number		street		suburb postcode
Telephone Number: ()			Email:	

Referee 2 Title - Please indicate with a ✓				Years Known to Applicant _____
Dr <input type="checkbox"/>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	
Full Name:				
first name		middle name(s)		family name
Home Address:				
number		street		suburb postcode
Business Address:				
number		street		suburb postcode
Telephone Number: ()			Email:	

Referee 3 Title - Please indicate with a ✓				Years Known to Applicant _____
Dr <input type="checkbox"/>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	
Full Name:				
first name		middle name(s)		family name
Home Address:				
number		street		suburb postcode
Business Address:				
number		street		suburb postcode
Telephone Number: ()			Email:	

PART 10 - 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 11 - 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 the 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 _____

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 12 - ACCEPTABLE FORMS OF IDENTIFICATION

If photographic identification does not exist, the applicant will be required to provide **two** of the following forms 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

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