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|  | **BETTING CONTROL ACT 1954****APPLICATION FOR A BOOKMAKER'S EMPLOYEE LICENCE** |  |

**INSTRUCTIONS:**

1. Applicants must be 18 years of age or older.
2. A fee (please refer to the fee schedule) must accompany this application. Cheques payable to the Gaming and Wagering Commission. (Do not send cash through the mail)
3. **A current National Police Certificate must be provided with this application (no older than 3 months). This can be obtained from Australia Post.**
4. In addition to a Bookmaker's Employee Licence the applicant must also obtain a permit from the host racing club conducting the race meeting.
5. Personal identification must be sighted when the application is lodged. If lodging by post include a photocopy of driver’s licence or other identification incorporating your signature.
6. If you are an employee of a Government Department, it is your responsibility to gain the consent from the head of that department to undertake employment with a bookmaker.
7. The application can be lodged in person at level 2, Gordon Stephenson House, 140 William Street, Perth or by posting to PO Box 8349, Perth Business Centre, WA 6849.

**SURNAME:** **GIVEN NAMES:**

**RESIDENTIAL ADDRESS:**

**TELEPHONE NUMBER:** (**HM):** (**WK):**  **(MOBILE)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATE OF BIRTH:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**RECORD OF OFFENCES**

Have you ever been convicted of any offences outside Western Australia other than those dealt by way of infringement notice?

(Yes or No)

If yes, give details of each offence:

|  |  |  |
| --- | --- | --- |
| **Nature of Offence** | **Date and Place of Conviction** | **Sentence Imposed** |
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**PRESENT EMPLOYER:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employer’s Name** | **Address** | **Position Held** | **Years Employed** |
|  |  |  |  |

**PAST EMPLOYERS OVER PAST TEN YEARS:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employer’s Name** | **City & State** | **Position** | **Year Employed** | **Reason For Leaving** |
|  |  |  | **From** | **To** |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**NAMES OF TWO PERSONS PREPARED TO ACT AS REFEREE (NOT TO BE RELATED IN KIN):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Address** | **Occupation** | **Daytime Telephone No.** |
|  |  |  |  |
|  |  |  |  |

I hereby declare that the above information is true and correct and understand that the provision of false information will constitute a breach of the Betting Control Act Section 11(9).

**SIGNATURE:** **DATE:**

**PAYMENT DETAILS**

An invoice with detailed payment options will be provided once the application has been received.