

BEFORE COMMENCING THIS APPLICATION **PLEASE READ THE INSERT PROVIDED.**  
IF YOU REQUIRE ASSISTANCE, YOU MAY CONTACT THE LIQUOR AND GAMING BRANCH ON (03) 6233 2475

# 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) copies of 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** PLEASE TICK

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 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**

HOME PHONE	MOBILE / AH	WORK	EMAIL

Do you consent to being contacted via email?  NO  YES

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 PHOTOGRAPHS AND IDENTIFICATION**

TITLE	SURNAME	GIVEN NAME/S

  

ADDRESS
POSTCODE:

  

OCCUPATION	TELEPHONE	CATEGORY OF WITNESS (See insert)



# 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 Associate Application Form; and
- (b) I certify that the particulars contained in the completed Associate 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 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 (H) \_\_\_\_\_ (W) \_\_\_\_\_

I hereby authorise and consent to the Tasmanian Gaming Commission and any member of the Liquor and Gaming Branch to obtain information (including financial and other confidential information) concerning myself. 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 the Peace or bail justice	6. A pharmacist
3. A member of the police force	7. An authorised person of the Tasmanian Gaming Commission
4. A barrister and solicitor of the Supreme Court	

Email: [gaming@treasury.tas.gov.au](mailto:gaming@treasury.tas.gov.au)

Web: [www.treasury.tas.gov.au](http://www.treasury.tas.gov.au)

### Hobart

80 Elizabeth Street, HOBART  
GPO Box 1374, HOBART TAS 7001  
Ph: (03) 6233 2475  
Fax:(03) 6234 1728

### Launceston

Henty House, 1 Civic Square, LAUNCESTON  
PO Box 972, LAUNCESTON TAS 7250  
Ph: (03) 6336 2261  
Fax:(03) 6336 2799

