

Gaming form 19 - Gaming Machine Act 1992

Fingerprinting Instructions

Application number:

The *Gaming Machines Act 1992* and the *Casino Act 1997* provides that the Liquor and Gambling Commissioner, for the purpose of determining whether a person is fit and proper in respect of an application under either Act, may cause that person's fingerprints to be taken.

The Commissioner of Police provides the facilities for fingerprinting. It is the responsibility of the person seeking approval to contact Police to arrange an appointment, and this appointment can only be made after the application has been lodged with the Office of the Liquor and Gambling Commissioner.

To make an appointment in the metropolitan area contact SAPOL's Licensing Enforcement Branch. Follow the link provided to locate the telephone number of Licensing Enforcement Branch.

http://www.police.sa.gov.au/sapol/contact_us/police_branches_services.jsp

Please bring this form with you.

People residing *outside* postcode areas 5000 - 5172, should contact their nearest local police station to arrange an appointment for fingerprinting.

Part A – Applicant Details

1. Name of person to be fingerprinted	Surname _____ Given Name/s _____
2. Premises (Where applicable)	_____
3. Driver's Licence Details	Driver Licence Number _____ Class _____

Part B – Category of Approval Sought

<input type="checkbox"/> Gaming Director or Position of Authority	<input type="checkbox"/> Casino Approval	<input type="checkbox"/> Other (Please Specify)
<input type="checkbox"/> Committee Member	<input type="checkbox"/> Gaming Technician	_____

Part C – Instruction to Police Officer in Charge

Prior to taking the fingerprints, please ensure the person produces evidence of identity and is the person whose passport style photograph appears above.

On completion of fingerprinting, this form and the prints are to be sent direct to the Licensing Enforcement Branch (196) marked PRIVATE & CONFIDENTIAL.

4. Police Officer to Complete	Police stations Fingerprints were taken _____ Telephone _____ Fax _____ Date of Fingerprints / / Signature of Officer _____ Name of Officer _____ Rank _____ ID Number _____
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