



Gaming Machines Act 1992

Consumer and Business Services Use Only		
Receipt No: _____	Amount: _____	Initials: _____
Date: _____	App No: _____	

Application for Approval of a Gaming Machine

In Person at:
Consumer and Business Services
91 Grenfell Street
Adelaide SA 5000

By Mail at:
Consumer and Business Services
Customer Service Centre
GPO Box 2169
Adelaide SA 5001

Enquiries:
Consumer and Business Services
Tel (08) 8226 8655
E-mail: applications@agd.sa.gov.au
Website: www.cbs.com.au

Part A – Applicant Details

1. Name of licensed dealer									
2. Licence number	<table border="1"> <tr> <td>5</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	5							
5									
3. Contact details for enquiries	Name _____ Tel _____ Email _____								
4. Postal address	Address _____ Suburb/Town _____ Postcode _____								

Part B – Submission Details

5. Manufacturer Name	
6. Modification (if applicable)	
7. Gaming Machine Platform and Cabinet Style	
8. I have enclosed electronic <u>and</u> hard copies of:	<ul style="list-style-type: none"> Approval issued by a prescribed jurisdiction and the relevant accredited test laboratory report, OR a South Australian accredited test laboratory report

Part C – Authority/Indemnity

Authority/Indemnity

I authorise the Liquor and Gambling Commissioner to release any details and specifications (including the game or gaming machine, if required) relating to this application, to any party for the purpose of evaluation.

I indemnify the Liquor and Gambling Commissioner against the costs and expenses, certified by the Commissioner, incurred in carrying out investigations for the purpose of determining whether or not this application should be granted.

I declare that the contents of and the information provided with this application are true, correct, complete and comply with all requirements specified under the Act and Regulations.

Applicant's signature	Date / /
Printed name	

