

Declaration: Application to conduct Licensee and Advanced Licensee training



Before you complete this form

What this form is for

This declaration is to be completed by an authorised representative of the Approved Training Provider (ATP) and provided supplementary to the online lodgement of the application to conduct Licensee (LT) and Advanced Licensee training (ALT).

How to lodge this form

Please ensure this form is completed and sent to rto.enquiries@liquorandgaming.nsw.gov.au

Declaration and payment authorisation

- ▲ I declare that the information that I have provided on this form and submitted in my online application to conduct the LT and ALT, is true, correct and complete. I also declare that I have made all reasonable enquiries to obtain the required information to complete this form.
- ▲ I acknowledge that failure to provide all required information may result in delay, withdrawal or refusal of my application.
- ▲ I understand that specific details I have supplied in this application may be 'personal information' under the *Privacy and Personal Information Protection Act 1998*.
- ▲ I acknowledge that it is an offence to provide false or misleading information in an application for approval.
- ▲ I am authorised to provide this declaration on behalf of the organisation in support of an application for approval.
- ▲ I declare that I have read and understood the conditions of approval for classroom and online course delivery (if applied for online delivery) included in the online application to conduct the LT and ALT, and affirm that the ATP will comply with those conditions if approved.

RTO name (as approved by ASQA)

RTO licence no.

CCR

I also authorise the applicable approval fee to be charged to the nominated credit card in the approval application:

A Required courses

LT Classroom	\$1450
ALT Classroom	\$1450
Total	\$2900

B Optional additional courses

<input type="checkbox"/> LT Online	\$1450
<input type="checkbox"/> ALT Online	\$1450
<input type="checkbox"/> Both LT and ALT Online	\$2900

Payment amount (A+B) \$

Authorised representative

Name (print clearly)

Title or position:

Signature

Date

DD / MM / YYYY