



LIQUOR ADMINISTRATION BOARD

Office use only:

Application
number

55879 PGSA. 08/98

Progressive Gaming System Application

- Use this form to apply for or to make a change to **any progressive system** and attached gaming machines on your premises.
- Use a separate form for separate progressive systems.
- **Do not copy this form.** Always use an original.
- Use a separate form for each supplier.
- Fax these forms to CMS Business Unit on 9995 0878.

1 Is this a
New application
Resubmission
of a refusal **Relevant application number**

2 Date of this application – **you must allow 10 days prior to date of proposed changes**

 / /

3 Date of proposed changes – **this must be the date of delivery to premises if installing or the date of removal if disposing**

 / /

4 Are there multiple forms which need to be processed together?

No Go to 5

Yes This is form number of

Please lodge all forms together

5 Certificate of Registration / Licence Number

6 Club or hotel details

Name of premises

Premises contact person *in case we have any queries*

Phone

 ()

Fax

 ()

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Processed by	Date

7 Seller details

Licence number(s) of seller *relevant to this application*

Name of seller

8 Supplier details *Use a separate form for each supplier*

Licence number(s) of supplier *relevant to this application*

Name of supplier

9 Seller/Supplier contact person *in case we have any queries*

Phone

 ()

Fax

 ()

10 Which of the following are you applying to do?

Tick as many as applicable.

Remember, only one system per form!

- Install a new controller and attach machines?
- Alter settings/details on an existing controller?
- Dispose of an existing controller and detach machines?
- Change any machines on an existing system?

11 Do your changes apply to a multi level random progressive system?

No Yes

12 Is this system

New Go to 13

Existing Controller serial number(s)

OPTION 1 New progressive controller to be installed

Manufacturer Name of System Specification Number

	Name of Prize / Level	Reset Amounts \$ (or coins if standard system)	Contribution	Maximum Jackpot	Office GMID	Serial Number
1		\$ %	%	\$		
2		\$ %	%	\$		
3		\$ %	%	\$		
4		\$ %	%	\$		
		Hidden/Backup →				
		TOTALS				

How will you make provision for payment of progressive prizes which exceed \$10,000?

Bank account

Guarantee arrangements Financial institution

Expiry date

/ /

At least two machines must be connected to a progressive controller List ALL MACHINE ATTACHMENTS in Sections A and/or B

For any progressive controllers you want to install on your premises, give the following details

Name of the premises any machines will come from

Licence number of premises

Name of carrier

Method of transport

Date of dispatch

/ /

OPTION 2 Existing progressive controller to be altered

Name of system

Current specification number

Modified to: new "X" compatible specification (if applicable)

Before conversion

After conversion

	LEVEL OR PRIZE		Reset Amounts \$ (or coins if standard system)	Contribution	Max. Jackpot	Reset Amounts	Contribution	Max. Jackpot
	Serial No. (list only one number unless multi-level type)	Name of Prize / Level						
1			%	%	\$	%	%	\$
2			%	%	\$	%	%	\$
3			%	%	\$	%	%	\$
4			%	%	\$	%	%	\$
		Hidden/Backup →		%			%	
		TOTALS				TOTALS		

Do you want to CHANGE ANY MACHINES on the above controller? Fill in Sections A, B, C and/or D as applicable

Office
G R

OPTION 3 Existing progressive controller to be disposed of Remember to complete question 17

Serial number(s)	Name	Method of disposal <i>Note: licence number required only if box 3 is checked</i>		Office
		1 <input type="checkbox"/> Returned to supplier	3 <input type="checkbox"/> Sold to or stored at other organisation or licensee ↓ Give licence number <input type="text"/>	G R
		2 <input type="checkbox"/> To be destroyed <i>Confirmation from approved witness must be forwarded</i>		

For ALL MACHINES ON THIS SYSTEM, fill in Sections A, B, C1, C2 and/or D as applicable

SECTION C1 Machines to be detached and disposed of

Serial Number	Name	On another controller? Yes/No	Remove from that controller? Yes/No	Method of Disposal		Office	
				Note: Licence number required only if box 3 is checked		G	R
1				1 <input type="checkbox"/> Returned to supplier 2 <input type="checkbox"/> To be destroyed <i>Confirmation from approved witness must be forwarded</i>	3 <input type="checkbox"/> Sold to or stored at other organisation or licensee ▼ Give licence number []	G	R
2				1 <input type="checkbox"/> Returned to supplier 2 <input type="checkbox"/> To be destroyed <i>Confirmation from approved witness must be forwarded</i>	3 <input type="checkbox"/> Sold to or stored at other organisation or licensee ▼ Give licence number []	G	R
3				1 <input type="checkbox"/> Returned to supplier 2 <input type="checkbox"/> To be destroyed <i>Confirmation from approved witness must be forwarded</i>	3 <input type="checkbox"/> Sold to or stored at other organisation or licensee ▼ Give licence number []	G	R
4				1 <input type="checkbox"/> Returned to supplier 2 <input type="checkbox"/> To be destroyed <i>Confirmation from approved witness must be forwarded</i>	3 <input type="checkbox"/> Sold to or stored at other organisation or licensee ▼ Give licence number []	G	R
5				1 <input type="checkbox"/> Returned to supplier 2 <input type="checkbox"/> To be destroyed <i>Confirmation from approved witness must be forwarded</i>	3 <input type="checkbox"/> Sold to or stored at other organisation or licensee ▼ Give licence number []	G	R
6				1 <input type="checkbox"/> Returned to supplier 2 <input type="checkbox"/> To be destroyed <i>Confirmation from approved witness must be forwarded</i>	3 <input type="checkbox"/> Sold to or stored at other organisation or licensee ▼ Give licence number []	G	R
7				1 <input type="checkbox"/> Returned to supplier 2 <input type="checkbox"/> To be destroyed <i>Confirmation from approved witness must be forwarded</i>	3 <input type="checkbox"/> Sold to or stored at other organisation or licensee ▼ Give licence number []	G	R
8				1 <input type="checkbox"/> Returned to supplier 2 <input type="checkbox"/> To be destroyed <i>Confirmation from approved witness must be forwarded</i>	3 <input type="checkbox"/> Sold to or stored at other organisation or licensee ▼ Give licence number []	G	R
9				1 <input type="checkbox"/> Returned to supplier 2 <input type="checkbox"/> To be destroyed <i>Confirmation from approved witness must be forwarded</i>	3 <input type="checkbox"/> Sold to or stored at other organisation or licensee ▼ Give licence number []	G	R
10				1 <input type="checkbox"/> Returned to supplier 2 <input type="checkbox"/> To be destroyed <i>Confirmation from approved witness must be forwarded</i>	3 <input type="checkbox"/> Sold to or stored at other organisation or licensee ▼ Give licence number []	G	R
11				1 <input type="checkbox"/> Returned to supplier 2 <input type="checkbox"/> To be destroyed <i>Confirmation from approved witness must be forwarded</i>	3 <input type="checkbox"/> Sold to or stored at other organisation or licensee ▼ Give licence number []	G	R
12				1 <input type="checkbox"/> Returned to supplier 2 <input type="checkbox"/> To be destroyed <i>Confirmation from approved witness must be forwarded</i>	3 <input type="checkbox"/> Sold to or stored at other organisation or licensee ▼ Give licence number []	G	R

For any machines you want to remove from your premises, give the following details

Name of carrier

[]

Method of transport

[]

SECTION C2 Machines to be detached and retained by the premises

55879

	Serial Number	Name	On another controller? Yes/No	Detach from that controller? Yes/No	Office	
					G	R
1					G	R
2					G	R
3					G	R
4					G	R
5					G	R
6					G	R
7					G	R
8					G	R
9					G	R
10					G	R
11					G	R
12					G	R

SECTION D Machines to be detached and converted

Before conversion

After conversion

	Serial Number	Name	Specification No.	Name	Variation	Denom.	On another controller? Yes/No	Detach from that controller? Yes/No	Office	
									G	R
1									G	R
2									G	R
3									G	R
4									G	R
5									G	R
6									G	R
7									G	R
8									G	R
9									G	R
10									G	R
11									G	R
12									G	R

16 How will you make provision for payment of progressive prizes which exceed \$10,000 on any new or converted progressive machines listed in Sections A, B or D?

Bank account

Guarantee arrangements

Financial institution

Expiry date

17 Give details of any accumulated funds for progressive controllers and/or machines being converted or disposed of

Serial Number	Total Current Value	Method of Dispersal (one method only)				Office Dispersal No.
	\$	<input type="checkbox"/> Additional jackpot on winning combination of more than 300 credits	<input type="checkbox"/> Additional jackpot on standalone progressive machine	<input type="checkbox"/> Additional payments on progressive system	<input type="checkbox"/> OR Prior LAB approval Give method of approval no. []	PD
	\$	<input type="checkbox"/> Additional jackpot on winning combination of more than 300 credits	<input type="checkbox"/> Additional jackpot on standalone progressive machine	<input type="checkbox"/> Additional payments on progressive system	<input type="checkbox"/> OR Prior LAB approval Give method of approval no. []	PD
	\$	<input type="checkbox"/> Additional jackpot on winning combination of more than 300 credits	<input type="checkbox"/> Additional jackpot on standalone progressive machine	<input type="checkbox"/> Additional payments on progressive system	<input type="checkbox"/> OR Prior LAB approval Give method of approval no. []	PD

18 Does a written contract exist detailing the terms and conditions of acquisition of any of the machines/conversions listed in this application?

No Give reason []

Yes Total cost [] Terms of contract: Payment in [] days

Source of funds

Club/Hotel funds

Approved financial agreement

Financial institution []

Term of agreement

[] years [] months

Full name of agreement *eg. Master lease agreement, promissory note*

[]

19 CLUB SECRETARY'S OR LICENSEE'S STATEMENT

I undertake to ensure that the changes I have applied for take place on the date proposed on this form.

I understand that hoteliers must have a dedicated gaming room to keep more than 10 machines at any one time.

I hereby apply for the authorisation of the changes to the machines held by these premises and to the conditions attached to its certificate of registration or licence as set out in this application. I certify that all details are true and correct and that the financial arrangements comply with the provisions of the Registered Clubs Act 1976 and the Liquor Act 1982 and with the conditions set by the Liquor Administration Board.

Name of Club Secretary or Licensee

[]

Signature of Club Secretary or Licensee

[]

Address of Premises

[]

Date

[] / [] / []

20 VENDOR'S STATEMENT (or technician if no parts involved)

I undertake to ensure that the changes applied for take place on the date proposed on this form.

As a current holder of a (tick whichever applies) Dealer's licence Seller's licence Adviser's licence
 Certificate of registration Hotelier's licence Technician's licence,

I declare that the details set out in this application are, to the best of my knowledge and belief, true and correct in every detail and that I am legally entitled to supply or receive those machines, components or services and that the financial arrangements comply with the provisions of the Registered Clubs Act 1976 and the Liquor Act 1982 and with the conditions set by the Liquor Administration Board.

Name of vendor or technician

[]

Signature

[]

Date

[] / [] / []