**AUTOMATIC MUTUAL RECOGNITION (AMR) SCHEME NOTIFICATION**

Western Australia (WA) is currently automatically recognising the activities covered by an occupational licence for a Bookmaker’s Manager and a Bookmaker’s Employee from jurisdictions that are participating in AMR which is also known as JobPass. There is a notification requirement before you can commence work under the scheme. **You cannot commence work in WA prior to this form, and the supporting evidence requested, being lodged.** Should you move your home state to WA you will need to apply for a WA licence as AMR will no longer apply.

Notifications can be submitted by email to [rgl@lgirs.wa.gov.au](mailto:rgl@lgirs.wa.gov.au) or by mail to Locked Bag 14, Cloisters Square, Perth WA 6850.

**BOOKMAKER’S MANAGER / BOOKMAKER’S EMPLOYEE**

***ALL QUESTIONS MUST BE ANSWERED***

*If a question does not apply to you, write Not Applicable or N/A in response.*

**1. TYPE OF NOTIFICATION**

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| I hold a licence/registration in my home State authorising me to carry on the activities of the occupation identified below, and seek deemed automatic registration in accordance with Part 3A of the Mutual Recognition Act 1992 (Commonwealth):-  **Bookmaker’s Manager**  **Bookmaker’s Employee**  Home Jurisdiction \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Australian State) |

**2. LICENCE DETAILS**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Licence Number** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Expiry Date** \_\_\_\_\_\_/\_\_\_\_\_\_ /\_\_\_\_\_\_  \*You must hold a current licence if conducting your licence activity under AMR in WA.  I currently hold a licence or operate under an automatic deemed registration (or interim deemed registration) in the following jurisdictions (select all that apply)   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | ACT | NSW | NT | QLD | SA | TAS | VIC |   Date you intend to commence your activities in WA \_\_\_\_\_\_\_/\_\_\_\_\_\_ /\_\_\_\_\_\_ |

**3. PERSONAL INFORMATION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **(a) Applicant’s Name(s):**    first name middle name(s) surname/family name  **(b) Other names:** include any maiden name, aliases and other names (legal or otherwise) that you have used or by which you have been known.    first name middle name(s) surname/family name   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  | | day | | month | | year | | | |   **(c) Date of birth:  M (Male)**  **F (Female)**  **X (Indeterminate/Intersex/Unspecified)**  **(d) Current Residential Address:**      number street suburb postcode     |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |   **Home Telephone: Work Telephone:**   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |   **Mobile:**  **Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **(e) Employer:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Employer’s Address:**    number street suburb postcode |

**4. AUTHORISATION TO MAKE INQUIRIES**

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| In making this application I hereby agree that the Gaming and Wagering Commission Western Australia may cause whatever inquiries are considered by the Commission to be necessary to be made, in the State and elsewhere, to verify the information provided by or concerning me, and that such inquiries may occur before and after I commence work under the AMR Scheme. |

**5. DECLARATION**

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| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ declare:  I am not subject to disciplinary proceedings in any State or Territory in relation to this occupation.  My licence is not cancelled or suspended in any State or Territory as a result of disciplinary action.  I am not otherwise prohibited from carrying on my occupation in any State or Territory and am not subject to special conditions in carrying out that occupation as a result of criminal, civil or disciplinary proceedings in any State or Territory.  **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date**\_\_\_\_\_\_/\_\_\_\_\_\_ /\_\_\_\_\_\_ |

**6. ATTACHMENTS**

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| The following documents are required to be forwarded with your application: -   * A copy of your current occupational licence issued by another Australian regulator. |