Wagering Licensing & Regulation Department 400 Epsom Road, Flemington VIC 3031, Australia Telephone: (+61 3) 9258 4667 Email: b.admin@racingvictoria.net.au

Date

## APPLICATION FOR A BOOKMAKER'S KEY EMPLOYEE TO BE AN APPROVED SUBSTITUTE

1 AUGUST 2024 - 31 JULY 2025

This form is to be used by a Bookmaker when making written application to Racing Victoria (RV) for a Bookmaker's Key Employee to be an Approved Substitute. Both the Bookmaker and the Key Employee must complete the relevant sections of this form.

Section 1: Bookmakers Details

Bookmaker's Name

	Date:								
Bookmakers Full Name:									
	Book	Bookmakers Licence No:			D.O.B				
	D								
	Resid	lential Address:			Post Code:				
	Phone	Phone: Email:			Mobile:				
	Email				Fax:				
2	(belov	v) to be an Approved S	ubstitute	Rule 9, I hereby apply for the Key Emer for the race meeting(s) and/or date and the race and	e(s) provide				
	(b)	declare that I am not receiving any payments or consideration from the Key Employee in relation to this application;							
	(c)	acknowledge that, unless otherwise approved by Racing Victoria, a Key Employee is only permitted to work as an Approved Substitute for one Bookmaker in any racing season (being a 12 month period commencing 1 August and ending 31 July).							
a ir S	nd co nforma uspen	rrect, and acknowled ation or conceals any oded in accordance w	dge and materi ith the	and the information provided in to that if this Application contain ial facts, my Club Bookmaker's I Club Bookmaker's Licence Rules Bookmakers' Rules or the Rules	ns any fals Licence ma s, and/or di	se or misleadin ny be revoked o	g or		

Bookmaker's Signature

## Section 2: Key Employee Details

Full Name:			
Registration No:		D.O.B	
Residential Address:			
Nesidential Address.		Post Code:	
Phone:		Mobile:	
Email:		Fax:	
lease answer the following	questions:	T	
Are you currently under any ban/res	No Yes If Yes, please explain the circumstances:		
Have you, in the last 10 years, been required to provide a National Police	No Yes		
required to provide a Hadiorial Folioc Record Octanicate)		If Yes, please explain the circumstances:	
	No Yes		
Are there any current civil or crimina may be required to provide a Nation	No Yes If Yes, please explain the circumstances:		
Ongoing requirement to inform Ra	cing Victoria regarding any civil or criminal proceed	ings (or charges) pending against you	
	are required to inform the Racing Victoria Wagering Lic		

I acknowledge that the Bookmaker identified in Section 1 (above) is applying pursuant to the Club Bookmakers' Licence Rules for me to be approved to act as an Approved Substitute for him/her for the race meeting(s) and/or date(s) provided below.

l:

issued.

Updates must be sent by email to b.admin@racingvictoria.net.au.

- (a) declare that I have read, understood and agree to be bound by the Racing Victoria Rules of Racing (**Rules of Racing**), Club Bookmakers' Licence Rules, Bookmakers' Levy Rules 2012, Bookmakers' Telephone Betting Rules 2001, Bookmakers' Internet Betting Rules 2001 (together, the **Bookmaker Rules**), as published on the Racing Victoria website;
- (b) acknowledge and understand that, in accordance with Club Licence Rule 9.8, when a Key Employee acts as an Approved Substitute for a Bookmaker, that person is subject to the provisions of the Bookmaker Rules and the Rules of Racing as if he or she is the holder of a Bookmaker Licence;
- (c) acknowledge that, unless otherwise approved by Racing Victoria, I am only permitted to work as an Approved Substitute for one Bookmaker in any Period (a 12 month period commencing 1 August and ending 31 July);
- (d) acknowledge that, once I have acted as an Approved Substitute for a Bookmaker in any Racing Season (a 12 month period commencing 1 August and ending 31 July), I am unable to work for

another Bookmaker when that Bookmaker when that Bookmaker has employed an Approved Substitute for the day; and

(e) declare that I have no financial interest in the business of the Bookmaker and that I will not be paying the Bookmaker any consideration for operating as an Approved Substitute.

Key Employee	e's Name	Key Employee's Signature	Date	
	omplete. Please tick releva	nt boxes indicating the race mee	eting(s) date(s) of the	
lication (✓)				
Date(s)	Race Meeting	Approved Racecourse Office	Off-course Premises	
Dato(5)	(name race meeting)	Approved Nacescarse Since	On oddisc i ferniscs	
i <mark>ce use only</mark>				
Date:				
Bookmakers Full Name:				
Substitute's Fu	ıll Name:			
Approved Dates:				

Approved by: