



## Annex A

### Supplementary Information Gaming Supplier Licence - Test Services Provider

**This form needs to be completed in ADDITION to the main application form for those who are seeking a licence to undertake testing of gaming machines and casino equipment – test services provider.**

To be licensed as a test services provider the Applicant, as well as satisfying the Commission's suitability requirements, it is required to demonstrate that it has the technical capability (skills, capabilities, capacity) to fully comply with the Commission's technical standards. This includes accreditation obtained by UKAS or an equivalent international organisation for BS EN ISO/IEC 17025 (*General requirements for the competence of testing and calibration laboratories*).

Please note that a licence will not be granted to provide test services without the Applicant obtaining accreditation from UKAS or an equivalent international organisation.

The Commission will also wish to be assured as to your independence from the operator and what policies you have in place to ensure that independence is maintained.

## Section 1. Testing Activities

**Question 1. Please indicate below the testing activity you wish to be licensed for.**

Gaming Machines (please indicate category of machine)

11



## Wireless gaming machine systems



## Cashless gaming machine payment systems



## Linked progressive gaming machines



### Server networked and downloadable gaming machine requirements



## Casino Equipment



## Section 2. Accreditations, licences and permits

**Question 2. Please provide details of all relevant certificates of accreditation, licences and permits. Relevant accreditations may include BS EN ISO/IEC 17025: 2005 Standard and BS EN ISO/IEC 17020:2004. Also provide details of approvals held with any other gambling regulator to test gaming machines. Please use continuation sheet if necessary.**

## 2a Type of certificate/licence/permit

[illegible]

[illegible][illegible][illegible]

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[illegible]



[illegible][illegible][illegible]

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## Section 4. Professional indemnity Insurance

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## Section 5. Information on Policy

The Commission needs to be satisfied as to the independence of Applicant and the policies that are in place to ensure that independence and to deal with any conflict of interest.

**Question 5.**

Does the Applicant, any of its associated companies or officers in its employ have a direct interest in any gambling provider (e.g. operator, supplier, manufacturer, software developer etc).

Yes – please provide details below (use a continuation sheet if necessary) ☐

No – continue to question 6 ☐



No – continue to question 6 

**5a Name of Company /or individual**

[illegible][illegible][illegible][illegible][illegible][illegible][illegible]

5b Name of Company /or individual

[illegible][illegible][illegible]

Location
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[illegible]

### Nature of interest

**Question 6.**

**Does the Applicant have a policy for ensuring its independence and for dealing with conflicts of interest?**

**Yes – please provide a copy with your application and explain key features below**



**No – continue to question 7**



**Question 7**

**Please provide details of how you ensure compliance with your independence policy.**

## Section 6. Declaration

I/we understand that the declaration signed as part of the main application form and the provisions therein is equally and fully applicable to this supplementary form.

a) First name (s)

[illegible]

Last name

[illegible]

### Position in organisation

[illegible]

Signed									

Signed \_\_\_\_\_ Date DD/MM/YYYY

[illegible]

**b) First name (s)**

[illegible]

Last name

[illegible]

### Position in organisation

[illegible]

Signed

Signed \_\_\_\_\_ Date DD/MM/YYYY

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