



# Additional Competency Endorsement for existing Competency Card

### Use this form to apply for a replacement card if:

- You have a **current** Photo Competency Card with **either** RSA or RCG competency, and
- You have completed a course in RSA or RCG and it is not listed on your Competency Card, and
- You have the Interim Certificate for the course which needs to be added to your Competency Card
- Do NOT use this form if you are adding a Privacy training course to your Card (use form CC0550), or if you need a replacement card for any other reason (use CC0500)

- Complete all applicable questions. If information is missing, we can ask you to supply the required information and/or documents to support the application. Failure to supply information can delay a decision on the application.
- If you need help in completing this application, call (02) 9995 0900 during business hours or email [competencycard@olgr.nsw.gov.au](mailto:competencycard@olgr.nsw.gov.au)
- For more information visit [www.olgr.nsw.gov.au/photocard.asp](http://www.olgr.nsw.gov.au/photocard.asp)
- Lodge this application form by:

#### Post

Office of Liquor,  
Gaming & Racing  
GPO Box 7060  
Sydney NSW 2001

#### Deliver to

Office of Liquor,  
Gaming & Racing  
Level 6, 323 Castlereagh St  
Haymarket NSW 2000

#### Email

[competencycard@olgr.nsw.gov.au](mailto:competencycard@olgr.nsw.gov.au)

#### OFFICE USE ONLY

CC0570

By (circle): mail | OTC | email

Date lodged \_\_\_\_\_

Request number \_\_\_\_\_

Finalised by \_\_\_\_\_

Date finalised \_\_\_\_\_

THIS FORM CONTAINS FILLABLE FIELDS

### PART A

#### YOUR DETAILS

Title \_\_\_\_\_ Gender \_\_\_\_\_

First name \_\_\_\_\_ Middle name \_\_\_\_\_

Surname \_\_\_\_\_ Date of birth (dd mm yyyy) \_\_\_\_\_

Email address \_\_\_\_\_ Phone (daytime) \_\_\_\_\_

#### Postal address

PO box or street no. \_\_\_\_\_ Street name \_\_\_\_\_

Town/city \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

### PART B

#### EXISTING COMPETENCY CARD DETAILS

Competency Card No. \_\_\_\_\_

Expiry Date \_\_\_\_\_

Existing Competency listed on card (please tick)  RSA (Class A)  RCG (Class G)  Privacy (Class P)



**PART C**

**NEW COMPETENCY (INTERIM CERTIFICATE DETAILS)**

Certificate Number

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Name of Approved Training Provider(s)

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Date of Course Completion

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Course type (tick one only)       RSA       RCG

**PART D**

**PAYMENT**

No payment is required for this application

**PART E**

**DECLARATION**

- I declare that the information I have provided is true, correct and complete and that I have made all reasonable enquires to obtain the information required to complete this form
- I acknowledge that the failure to provide all required information may result in an inability to process your application
- I acknowledge that it is an offence to provide false or misleading information
- I understand that specific details I have provided may be 'personal information' under the *Privacy and Personal Information Protection Act 1998*.

**Name**

**Signature**

**Date**

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