TITAB AUSTRALIA

CABLER REGISTRY SERVICES

In Partnership with RMIT
and supported by AITTSN and CEPU (CD)

RMIT UNIVERSITY

Contact Details

DOB: _____

Family Name: _____

Given Names: _____

Postal Address: _____

_____

_____

State: _____ Postcode: _____

Home Address (IF DIFFERENT to postal):

_____

_____

State: _____ Postcode: _____

Home No: _____

Mob: _____

Facs: _____

Bus: _____

Current Employer: _____

Email: _____

Type of Registration you are applying for: (please tick)

☐ Open (ICTTC137) ☐ Lift (ICTTC138)

☐ Restricted (ICTTC136)

Voluntary levels of registration ("Endorsements")

Please tick if eligible to record any of the following and attach relevant training records:

☐ Structured Cabling/Cat 5/Cat 6 (ICTTC009)
☐ Optical Fibre cabling (ICTTC010)
☐ Coaxial Cabling (ICTTC011)
☐ Underground cabling (ICTTC016, 018 & 019)
☐ Aerial cabling (ICTTC016, 020 & 021)
☐ CPE Cable & System Testing (ICTTC013)

Applicants Registration Certificates

☐Copies of certificates of attainment or training package qualification **MUST** be attached to this application to prove competence for the registration type and endorsements you are applying for. (Audits to validate evidence will be carried out from time to time.)

Current ACMA Registration Details (if applicable)

Number: _____

Type: _____

Expiry Date: _____

ENDORSEMENTS: _____

Declarations – This section MUST be SIGNED

ACMA requires the Registrar to provide limited public access to the Cabler Database that MUST include your name and registration number. If you wish to include other contact details, ***please circle***: ***YES/NO****

****Telstra staff,*** *Telstra policy only allows for name and registration number to be listed on website*

Cabling experience: Where 'modules' are used to qualify, you need to have a minimum of 6 months relevant cabling experience such as installing telecommunications, electrical, data, security alarms, fire alarms or lift cabling.
Please Note: *Design or supervision of cabling work or cabling work using pre-terminated cabling such as extension leads and patching is not accepted.)*
If qualifying under competencies, no minimums specified.

I have read the ACMA explanatory guide to Cabling Provider Rules (CPR's) and understand my rights and responsibilities under CPR's. I am also aware of the penalties for providing false or misleading information under this declaration. I declare that the information provided by me in this application is true and correct in every detail and I understand the information provided may be subject to audit.

Signature:_____**Date:**_____

Payment Details:

☐ $82.50 (incl. GST) for three years OR
☐ $33.00 (incl. GST) for one year
(Prices are subject to change)

☐ Cheque/Money Order payable to "TITAB ACRS" Enclosed OR

☐ Visa ☐ Master Card

☐ AMEX ☐ Diners

Card Number: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Expiry Date: _ _ / _ _ Amount: $_____

Name on Card: _____

Card Holder Signature: _____

Please NOTE if your credit card declines or is not completed correctly, you may be charged an administration fee of $10

Send completed application, and certificates (where required), with payment details by mail or fax to:

TITAB Cabler Registry Services
PH: 03 9349 4955 Facs: 03 9349 4844
PO Box 348, Carlton Sth, Victoria, 3053
(Suite 3/139 Queensberry Street, Carlton South)
Email: info@titab.com.au Website: www.titab.com.au

TITAB acknowledges and respects your privacy. TITAB is collecting the information you provide on this form for the purpose of processing your registration.

TITAB will use the information to keep you informed about services. This information may also be used by the industry regulator, Australian Communications and Media Authority (ACMA). You have the right to access the information that TITAB holds about you

FORM CHECK – HAVE YOU SIGNED THE DECLARATION

AND ATTACHED ALL RELEVANT TRAINING DOCUMENTS?