



TITAB AUSTRALIA

CABLER REGISTRY SERVICES

RENEWAL FORM FOR CURRENT TITAB REGISTRATION

| | | |
|------------------------------------|-------------------------|---------------------------|
| TITAB REGISTRATION NUMBER: | T | EXPIRY DATE: _____ |
| NAME: _____ | | |
| POSTAL ADDRESS: _____ | | |
| SUBURB: _____ | STATE: _____ | POSTCODE: _____ |
| HOME ADDRESS (IF DIFFERENT): _____ | | |
| SUBURB: _____ | STATE: _____ | POSTCODE: _____ |
| HOME PHONE: _____ | BUSINESS PHONE: _____ | |
| MOBILE PHONE: _____ | FAX NUMBER: _____ | |
| EMAIL: _____ | CURRENT EMPLOYER: _____ | |
| SIGNATURE: _____ | | |

TYPE OF REGISTRATION:

| | |
|--|---|
| <input type="checkbox"/> OPEN CABLER REGISTRATION <input type="checkbox"/> LIFT CABLER REGISTRATION | <input type="checkbox"/> RESTRICTED CABLER REGISTRATION |
| <input type="checkbox"/> STRUCTURED CABLING / CAT 5 / CAT 6 <input type="checkbox"/> COAXIAL CABLING <input type="checkbox"/> AERIAL CABLING | <input type="checkbox"/> OPTICAL FIBRE CABLING <input type="checkbox"/> UNDERGROUND CABLING <input type="checkbox"/> CABLE SYSTEM TESTING |

IF ADDING SPECIALISED COMPETENCIES OR UPDATING TO AN OPEN REGISTRATION PLEASE ATTACH A COPY OF THE RELEVANT STATEMENT OF ATTAINMENT OR CERTIFICATE.

PLEASE NOTE THAT THIS **MUST** BE ATTACHED IN ORDER FOR YOUR REQUEST TO BE PROCESSED.

| | |
|---|--------------------------|
| <input type="checkbox"/> Call (03) 9631 0800 to pay by credit card OR complete form below | |
| <input type="checkbox"/> PAY BY CREDIT CARD: <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMEX | |
| CARD NUMBER: _____ | EXPIRY DATE: ____ / ____ |
| AMOUNT: 3 YEARS FOR \$99 (Incl GST) OR 1 YEAR FOR \$44 (Incl GST) \$ _____ | |
| NAME ON CARD: _____ | DATE: _____ |
| SIGNATURE: _____ | |

SEND TO:- info@titab.com.au or PO BOX 348 Carlton Sth Victoria 3053