



TITAB AUSTRALIA

CABLER REGISTRY SERVICES

RENEWAL FORM FOR CURRENT TITAB REGISTRATION

Do not use this form if your TITAB registration is expired

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"/> CHEQUE OR MONEY ORDER PAYABLE TO 'TITAB' ENCLOSED	
<u>OR</u>	
<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 \$94 (Incl GST) OR 1 YEAR FOR \$42 (Incl GST) \$ _____	
NAME ON CARD: _____	DATE: _____
SIGNATURE: _____	

****PLEASE EMAIL/MAIL OR FAX THIS FORM TO THE ADDRESS BELOW****

PO Box 348 Carlton South, Victoria, 3053
Ph: 03 9631 0800 Fax: 03 9650 0485

www.titab.com.au info@titab.com.au ABN 14 069 148 303