



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: _____	BUSINESSPHONE: _____
MOBILE PHONE: _____	FAX NUMBER: _____
EMAIL: _____	CURRENT EMPLOYER: _____
SIGNATURE: _____	

TYPE OF REGISTRATION:

<input type="checkbox"/> OPEN CABLER REGISTRATION	<input type="checkbox"/> RESTRICTED CABLER REGISTRATION
<input type="checkbox"/> LIFT CABLER REGISTRATION	
<input type="checkbox"/> STRUCTURED CABLING / CAT 5 / CAT 6	<input type="checkbox"/> OPTICAL FIBRE CABLING
<input type="checkbox"/> COAXIAL CABLING	<input type="checkbox"/> UNDERGROUND CABLING
<input type="checkbox"/> AERIAL 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
OR
<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****