



# TITAB AUSTRALIA

## CABLER REGISTRY SERVICES

### RENEWAL FORM FOR CURRENT TITAB REGISTRATION

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

**SEND TO:- [info@titab.com.au](mailto:info@titab.com.au) or PO BOX 348 Carlton Sth Victoria 3053**