

TITAB - APPLICATION FOR CABLER REGISTRATION

PO Box 348 Carlton Sth Vic 3053 03 9631 0800 info@titab.com.au www.titab.com.au

SECTION 1-CONTACT DETAILS

Surname:	SECTION 3-EVIDENCE OF ACTUAL CABLING EXPERIENCE (MANDATORY)
Given Name(s):	Please tick one of the following boxes and provide
Postal Address:	evidence:
Town or Suburb:	□ I have reigned the ACMA manufacted association A
State: Postcode:	☐ I have gained the ACMA mandated experience. A signed statement is attached by an employer or a
Email:	registered cabler who has directly supervised my work
Home Phone:	experience. (Note: Open must have 360 hrs. Restricted
Mobile:	must have 80 hrs. A copy of a sample statement can be
Business Phone:	downloaded from the TITAB website) <u>or</u>
Current Employer:	☐ Evidence is attached of a suitably recognised industry
Date of Birth:/	trade qualification involving cabling practices (e.g. qualified electrician, qualified Foxtel installer, Cert III in Telecommunications Technology, Cert III in
SECTION 2- REGISTRATION TYPE	Electrotechnology) <u>or</u>
(Attach a copy of your official transcript, which lists the	☐ A Statutory Declaration signed by the candidate in the
competencies you have achieved)	presence of an authorised witness setting out the details
Open	of the candidates experience. (A copy of a Statutory
☐ Restricted	Declaration can be downloaded from the TITAB website)
☐ Lift	websucj
ACMA SPECIALIST COMPETENCIES/	SECTION 4-PAYMENT DETAILS
ENDORSEMENTS	\$94 (incl. GST) for three years \$42 (incl. GST) for one year
(Attach a copy of your <u>official transcript</u> , which lists the competencies you have achieved)	(Prices are subject to change)
	☐ Visa ☐ Master Card ☐ AMEX
☐ Structured Cabling/Cat 5/Cat 6 ☐ Optical Fibre Cabling	Thuster card in Trivier
☐ Coaxial Cabling	Card Number:
☐ Underground Cabling	Expiry Date:/_ Amount: \$
Aerial Cabling	N. Conf.
□ CPE Cable & System Testing□ Specialist Broadband (Point to Point)	Name on Card.
Specialist Broadband (Form to Form)	Card Holder Signature
ACMA MANDATED OHS/WHS I successfully completed:	Please NOTE if your credit card declines or is not
OHS/WHS or equivalent (Attach a copy of your	completed correctly, your registration will be delayed.
official transcript of results)	
	<u>DECLARATION</u>
Current White Card and First Aid Certificate (Attach copies)	I am aware of the penalties for providing false or misleading
• /	information under this declaration. I believe that the
REGISTRATION WITH ANOTHER REGISTRAR	information provided by me in this application is true and correct and I understand the information provided may be
☐ I wish to transfer my registration to TITAB.	subject to audit.
Registration Number:	Signature Date/
· ·	
Expiry Date:/ Please supply a copy of your registration card.	Send application (with mandatory documents) to:
Safted a safty of Jam regionation said.	TITAB
	Email: info@titab.com.au
DDIVACY DOLICY	Mail: PO Box 348

TITAB primarily collects information you provide for registration purposes. The information may be used to keep you informed about services and the industry. It is also used

to provide information to the regulator (ACMA).

Carlton Sth Vic 3053

PRIVACY POLICY

CHECKLIST



Have you completed the following:

- □ **Section 1-Contact Details.** If you include your email address we can send you regular TITAB newsletters which have the latest industry news
- □ **Section 2-Registration Type.** Attach a copy of your official transcript of results. Originals are not required
- □ **Section 3-Cabling Experience.** Ensure that you have attached evidence of cabling experience.
 - □ **Section 4-Payment Details.** If you are paying by credit card ensure there are sufficient funds on the card
 - □ Sign and date the **Declaration**
 - □ **Send** completed application form to TITAB via email, mail or fax

Note: Please ensure that your writing is legible to avoid processing delays.

Note: This second page is for the cablers reference only and does not need to be submitted to TITAB.