



TITAB – TRANSFER OF EXISTING CABLER REGISTRATION

PO Box 348 Carlton Sth Vic 3053

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www.titab.com.au

Email this Registration Transfer Application along with a copy of your existing registration card to info@titab.com.au

PRIVACY POLICY

TITAB primarily collects the 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).

SECTION 1 - CONTACT DETAILS

Surname: Given Name(s): Date of Birth:/...../.....
Postal Address: Town / Suburb: State: P/code:
Email: Mobile: Home Ph:
Employer Bus Name: Bus Ph:

SECTION 2 – EXISTING REGISTRATION DETAILS

Please supply a copy of your current registration card and the following information (also refer to checklist note below):

Current Registration Number: **Date of Expiry:**/...../.....

Note: If you require additional endorsements to your existing registration status, you will also need to provide copies of relevant official transcripts / statements of attainment.

SECTION 3 – MANDATORY DECLARATION

I am aware of the penalties for providing false or misleading information under this declaration. I believe that the information provided by me in this application is true and correct and I understand the information provided may be subject to audit.

Signature: **Date:**/...../.....

SECTION 4 – PLEASE SUPPLY CREDIT CARD DETAILS FOR PAYMENT

Registration Fees: \$44 for one year or \$99 for 3 years.

Visa Master Card AMEX

Card Number: _____ Expiry Date: __/__/__

Name on Card: _____ Amount: _____

Card Holder Signature: **Date:**/...../.....

CHECKLIST

Have you completed the following?

- **Section 1-Contact Details.** Provision of your email address is a requirement of the ACMA as well as providing you with access to regular TITAB newsletters which have the latest industry news.
- **Section 2-Copy of Current Registration Card.** Attach a picture or scan of your current registration card to the email.
- **Section 3-Sign and date the Declaration**
- **Section 4-Payment Details.** Please ensure there are sufficient funds on your credit card to cover payment
- **Send Completed Application form** with all supporting documentation to TITAB via email to info@titab.com.au. Alternatively send by regular mail to P.O. Box 348, Carlton South Vic 3053.