

## **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	SECTION 3-EVIDENCE OF ACTUAL CABLING EXPERIENCE (MANDATORY)
Surname:	Diago tisk one of the following horses and mustide
Given Name(s):	Please tick one of the following boxes and provide evidence:
Postal Address:	☐ A signed statement by an employer or a registered
Town or Suburb:	cabler, who has directly supervised the applicant,
State: Postcode:	detailing the applicant's experience. (A copy of a sample statement can be downloaded from the TITAB
Email:	website) <u>Or</u>
Home Phone:	<u> </u>
Mobile:	Evidence is attached of a suitably recognised industry
Business Phone:	trade qualification involving cabling practices (e.g. qualified electrician, qualified Foxtel installer, Cert III in Telecommunications, Cert III in Electrotechnology)
Current Employer:	or
Date of Birth:/	<u>01</u>
SECTION 2- REGISTRATION TYPE  (Attach a copy of your official transcript of results)  Open with 360 hours experience  Restricted with 80 hours experience	<ul> <li>□ A Statutory Declaration signed by the candidate in the presence of an authorised witness setting out the details of the candidates experience. (A copy of a Statutory Declaration can be downloaded from the TITAB website)</li> <li>□ A detailed log book of cabling experience showing dates</li> </ul>
<ul> <li>□ Restricted with 80 hours experience. When a cabler has gained a further 280 hours of on-the-job cabling experience the cabler can then apply for the Open Registration.</li> <li>□ Lift</li> </ul>	and types of work has been provided.  SECTION 4-PAYMENT DETAILS  □ \$94 (incl. GST) for three years  □ \$42 (incl. GST) for one year
ACMA SPECIALIST COMPETENCIES/ ENDORSEMENTS (Attach a copy of your <u>official transcript</u> of results)	(Prices are subject to change)  □ Cheque/Money Order payable to "TITAB"  OR  □ Visa □ Master Card □ AMEX
<ul> <li>□ Structured Cabling/Cat 5/Cat 6</li> <li>□ Optical Fibre Cabling</li> <li>□ Coaxial Cabling</li> <li>□ Underground Cabling</li> <li>□ Aerial Cabling</li> <li>□ CPE Cable &amp; System Testing</li> <li>□ Specialist Broadband (Point to Point)</li> </ul>	Card Number:  Expiry Date:/_ Amount: \$
ACMA MANDATED OHS/WHS I successfully completed:	Please NOTE if your credit card declines or is not completed correctly, your registration will be delayed.
OHS/WHS or equivalent ( <b>Attach a copy of your</b> official transcript of results)	DECLARATION
or  ☐ White Card and First Aid Certificate (Attach copies)	I am aware of the penalties for providing false or misleading
ACMA MANDATED REGULATORY TEST  ☐ I successfully completed the ACMA regulatory questions (Restricted 30: Open 50 questions)	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.
<b>REGISTRATION WITH ANOTHER REGISTRAR</b> ☐ I wish to transfer my registration to TITAB.	Signature Date/
Registration Number:	Send application (with mandatory documents) to:
Expiry Date:/  Please supply a copy of your registration card.	TITAB Email: info@titab.com.au Mail: PO Box 348
PRIVACY POLICY TITAB only collect information for registration purposes. The information may be used to inform you about services and by the regulator, the ACMA.	Carlton Sth Vic 3053 <b>Fax:</b> 03 9650 0485

## **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. This is essential.
- □ **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