**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: BUSINESS PHONE: MOBILE PHONE: FAX NUMBER: EMAIL: CURRENT EMPLOYER:

SIGNATURE:

**TYPE OF REGISTRATION:**

|  |  |  |  |
| --- | --- | --- | --- |
| □□ | OPEN CABLER REGISTRATION LIFT CABLER REGISTRATION | □ | RESTRICTED CABLER REGISTRATION |
| □ | STRUCTURED CABLING / CAT 5 / CAT 6 | □ | OPTICAL FIBRE CABLING |
| □ | COAXIAL CABLING | □ | UNDERGROUND CABLING |
| □ | AERIAL CABLING | □ | 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.

□ CHEQUE OR MONEY ORDER PAYABLE TO ‘**TITAB**’ ENCLOSED

Call (03) 9631 0800 to pay by credit card OR complete form below

□ PAY BY CREDIT CARD: □ **VISA** □ **MASTER CARD**

□ **AMEX**

CARD NUMBER: **\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_**

AMOUNT: 3 YEARS FOR $94 (Incl GST) OR 1 YEAR FOR $42 (Incl GST)

EXPIRY DATE: **\_ \_ / \_ \_**

$

NAME ON CARD:

DATE:

***SIGNATURE:***

**SEND TO:- info@titab.com.au** OR **PO BOX 348 Carlton Sth Victoria 3053**

# TITAB Australia

# Cabler Registry Service

#  Ph: 03 9631 0800 Fax: 03 9650 0485

[www.titab.com.au](http://www.titab.com.au/) ABN 14 069 148 303