

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	EXPERIENCE (MANDATORY)
Surname:	,
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
Email:	sample statement can be downloaded from the TITAB
Home Phone:	website) <u>or</u>
Mobile:	☐ Evidence is attached of a suitably recognised industry
	trade qualification involving cabling practices (e.g.
Business Phone:	qualified electrician, qualified Foxtel installer, Cert III in Telecommunications Technology, Cert III in
Current Employer:	Electrotechnology) <u>Or</u>
Date of Birth:/	<u> </u>
	☐ A Statutory Declaration signed by the candidate in the
SECTION 2- REGISTRATION TYPE	presence of an authorised witness setting out the details
(Attach a copy of your <u>official transcript</u> of results)	of the candidates experience. (A copy of a Statutory Declaration can be downloaded from the TITAB
Open with 360 hours experience	website) Or
☐ Restricted with 80 hours experience	☐ A detailed log book of cabling experience showing dates
☐ Restricted with 80 hours experience. When a cabler has	and types of work has been provided.
gained a further 280 hours of on-the-job cabling	
experience the cabler can then apply for the Open	SECTION 4-PAYMENT DETAILS \$\Begin{align*} \Boxed{\text{994 (incl. GST) for three years}} \end{align*}
Registration. Lift	\$94 (incl. GST) for three years \$42 (incl. GST) for one year
	(Prices are subject to change)
ACMA SPECIALIST COMPETENCIES/	☐ Cheque/Money Order payable to "TITAB"
ENDORSEMENTS (Attach a copy of your <u>official transcript</u> of results)	<u>OR</u>
	☐ Visa ☐ Master Card ☐ AMEX
Structured Cabling/Cat 5/Cat 6	Cond Normhous
☐ Optical Fibre Cabling ☐ Coaxial Cabling	Card Number:
Underground Cabling	Expiry Date:/ Amount: \$
☐ Aerial Cabling	Name on Card
☐ CPE Cable & System Testing	
☐ Specialist Broadband (Point to Point)	Card Holder Signature
ACMA MANDATED OHS/WHS	Please NOTE if your credit card declines or is not
I successfully completed the OHS/WHS or equivalent	completed correctly, your registration will be delayed.
(Attach a copy of your <u>official transcript</u> of results)	
ACMA MANDATED REGULATORY TEST	DECLARATION
I successfully completed the ACMA regulatory questions (Restricted 30: Open 50 questions)	I am aware of the penalties for providing false or misleading
questions (Restricted 50: Open 50 questions)	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:	Street and Date 1
	Signature Date/
Expiry Date:/ Please supply a copy of your registration card.	Send application (with mandatory documents) to:
DDIWA CV DOLLOW	TITAB
PRIVACY POLICY TITAB only collect information for registration purposes.	Email: info@titab.com.au Mail: PO Box 348
The information may be used to inform you about services	Carlton Sth Vic 3053

Mail: PO Box 348 Carlton Sth Vic 3053

Fax: 03 9650 0485

and by the regulator, the ACMA.

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