

## **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:	Please tick one of the following boxes and provide
Given Name(s):	evidence:
Postal Address:	☐ A signed statement by an employer or a registered
Town or Suburb:	cabler, who has <b>directly supervised</b> the applicant, detailing the applicant's experience. (A copy of a
State: Postcode:	sample statement can be downloaded from the TITAB
Email:	website) <u>Or</u>
Home Phone:	
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
Current Employer:	in Telecommunications Technology, Cert III in
Date of Birth:/	Electrotechnology) <u>or</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 official transcript of results)	of the candidates experience. (A copy of a Statutory
☐ Open with 360 hours experience	Declaration can be downloaded from the TITAB website) <b>or</b>
☐ 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	GEOGRANA PANAMENTE PETEAM G
experience the cabler can then apply for the Open Registration.	SECTION 4-PAYMENT DETAILS  \$\Begin{align*} \Pi & \text{94 (incl. GST) for three years} \end{align*}
☐ Lift	\$42 (incl. GST) for one year
A CAMA CORROLLA ICIT. COMPRETENCING	(Prices are subject to change)
ACMA SPECIALIST COMPETENCIES/ ENDORSEMENTS	Cheque/Money Order payable to "TITAB"  OR
(Attach a copy of your official transcript of results)	_
☐ Structured Cabling/Cat 5/Cat 6	☐ Visa ☐ Master Card ☐ AMEX
☐ Optical Fibre Cabling	Card Number:
☐ Coaxial Cabling	Expiry Date: / Amount: \$
Underground Cabling	Expiry Date/ _ Amount. \$
<ul><li>□ Aerial Cabling</li><li>□ CPE Cable &amp; System Testing</li></ul>	Name on Card
Specialist Broadband (Point to Point)	Card Holder Signature
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 (Attach a copy of your	<b>Y</b>
official transcript of results) or  ☐ White Card and First Aid Certificate (Attach copies)	DECLARATION
white Card and I list Aid Certificate (Attach copies)	I am aware of the penalties for providing false or misleading
ACMA MANDATED REGULATORY TEST	information under this declaration. I believe that the
I successfully completed the ACMA regulatory questions (Restricted 30: Open 50 questions)	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.	Start and Date 1
I wish to transfer my registration to 111Ab.	Signature Date/
Registration Number:	Send application (with mandatory documents) to:
Expiry Date:/	
Please supply a copy of your registration card.	TITAB
PRIVACY POLICY	Email: info@titab.com.au Mail: PO Box 348
TITAB primarily collects information you provide for	Carlton Sth Vic 3053

to provide information to the regulator (ACMA).

registration purposes. The information may be used to keep

you informed about services and the industry. It is also used

Fax: 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