

TITAB AUSTRALIA

CABLER REGISTRY SERVICES

RE-APPLICATION FORM

This form is to be used by cablers who were previously registered with TITAB and require a new registration number.

PREVIOUS TITAB REGISTRATION NUMBER: T _ _ _ _ _	EXPIRY DATE : _____
NAME: _____ DOB _____	
CURRENT 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:

<input type="checkbox"/> OPEN CABLER REGISTRATION <input type="checkbox"/> LIFT CABLER REGISTRATION <input type="checkbox"/> STRUCTURED CABLING / CAT 5 / CAT 6 <input type="checkbox"/> COAXIAL CABLING <input type="checkbox"/> AERIAL CABLING	<input type="checkbox"/> RESTRICTED CABLER REGISTRATION <input type="checkbox"/> OPTICAL FIBRE CABLING <input type="checkbox"/> UNDERGROUND CABLING <input type="checkbox"/> CABLE SYSTEM TESTING
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I declare that I have at least 360 hours of current cabling experience and that I understand the current cabler provider rules under the ACMA regulations.

I am also aware of the penalties for providing false or misleading information under this declaration.

Signature: _____ Date: _____/_____/_____

PAYMENT DETAILS (PLEASE NOTE: WE DO NOT ACCEPT PAYMENT BY CHEQUE OR BPAY FOR RE-APPLICATIONS)

<input type="checkbox"/> MONEY ORDER PAYABLE TO 'TITAB' ENCLOSED FOR \$110.00 (inc GST)	
OR	
<input type="checkbox"/> PAY BY CREDIT CARD: <input type="checkbox"/> VISA <input type="checkbox"/> MASTER CARD <input type="checkbox"/> AMEX	
CARD NUMBER: _____	EXPIRY DATE: _____ / _____
Fee for RE-APPLICATION including 3 year registration is \$110.00 (inc GST). <u>Declined or invalid card details will cause processing delays</u>	
NAME ON CARD: _____	
SIGNATURE: _____ DATE _____	

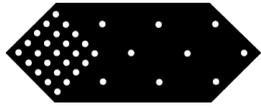
info@titab.com.au

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www.titab.com.au

ABN 14 069 148 303

(Updated June 19



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PLEASE EMAIL/MAIL OR FAX THIS FORM TO THE ADDRESS BELOW

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