



TITAB AUSTRALIA

CABLER REGISTRY SERVICES

UPGRADE REGISTRATION TYPE REQUEST

TITAB REGISTRATION NUMBER: T _ _ _ _ _	EXPIRY DATE: _____
NAME: _____	
POSTAL ADDRESS: _____	
SIGNATURE: _____	

PLEASE TICK APPROPRIATE BOX:

PLEASE UPGRADE MY RESTRICTED CABLER REGISTRATION TO AN OPEN CABLER REGISTRATION
(Evidence of 280 hours work experience must be supplied. Refer to www.titab.com.au for more information)

OR

PLEASE UPGRADE MY OPEN CABLER REGISTRATION TO INCLUDE THE FOLLOWING ENDORSEMENTS:

<input type="checkbox"/> STRUCTURED CABLING / CAT 5 / CAT 6	<input type="checkbox"/> OPTICAL FIBRE CABLING
<input type="checkbox"/> COAXIAL CABLING	<input type="checkbox"/> UNDERGROUND CABLING
<input type="checkbox"/> AERIAL CABLING	<input type="checkbox"/> CABLE SYSTEM TESTING

****PLEASE NOTE:** COPIES OF CERTIFICATES/ STATEMENT OF ATTAINMENT **MUST** BE ATTACHED IN ORDER FOR YOUR REQUEST TO BE PROCESSED.

PAYMENT DETAILS:

<input type="checkbox"/> CHEQUE / MONEY ORDER PAYABLE TO 'TITAB' ENCLOSED FOR <u>\$25.00</u>	
<u>OR</u>	
<input type="checkbox"/> PAY BY CREDIT CARD:	
<input type="checkbox"/> VISA <input type="checkbox"/> MASTER CARD <input type="checkbox"/> AMEX <input type="checkbox"/> DINERS	
CARD NUMBER: _ _ _ _ _ / _ _ _ _ _	EXPIRY DATE: _ _ / _ _
AMOUNT: <u>\$25.00</u>	
NAME ON CARD: _____	DATE: _____
SIGNATURE: _____	

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