



TITAB AUSTRALIA

CABLER REGISTRY SERVICES

RENEWAL FORM FOR CURRENT TITAB REGISTRATION

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:

<input type="checkbox"/> OPEN CABLER REGISTRATION <input type="checkbox"/> LIFT CABLER REGISTRATION	<input type="checkbox"/> RESTRICTED CABLER REGISTRATION
<input type="checkbox"/> STRUCTURED CABLING / CAT 5 / CAT 6 <input type="checkbox"/> COAXIAL CABLING <input type="checkbox"/> AERIAL CABLING	<input type="checkbox"/> OPTICAL FIBRE CABLING <input type="checkbox"/> UNDERGROUND CABLING <input type="checkbox"/> 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.

<input type="checkbox"/> Call (03) 9631 0800 to pay by credit card OR complete form below	
<input type="checkbox"/> PAY BY CREDIT CARD: <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMEX	
CARD NUMBER: _____	EXPIRY DATE: ____ / ____
AMOUNT: 3 YEARS FOR \$94 (Incl GST) OR 1 YEAR FOR \$42 (Incl GST) \$ _____	
NAME ON CARD: _____	DATE: _____
SIGNATURE: _____	

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