



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

Surname:.....
Given Name(s):.....
Postal Address:.....
Town or Suburb:.....
State:..... Postcode:.....
Email:
Home Phone:.....
Mobile:.....
Business Phone:.....
Current Employer:.....
Date of Birth:/...../.....

SECTION 2- REGISTRATION TYPE

(Attach a copy of your official transcript, which lists the competencies you have achieved)

- Open
- Restricted
- Lift

ACMA SPECIALIST COMPETENCIES/ ENDORSEMENTS

(Attach a copy of your official transcript, which lists the competencies you have achieved)

- Structured Cabling/Cat 5/Cat 6
- Optical Fibre Cabling
- Coaxial Cabling
- Underground Cabling
- Aerial Cabling
- CPE Cable & System Testing
- Specialist Broadband (Point to Point)

ACMA MANDATED OHS/WHS

I successfully completed:

- OHS/WHS or equivalent (Attach a copy of your official transcript of results)
- OR**
- White Card and First Aid Certificate (Attach copies)

REGISTRATION WITH ANOTHER REGISTRAR

- I wish to transfer my registration to TITAB.

Registration Number:

Expiry Date:...../...../.....

Please supply a copy of your registration card.

SECTION 3-EVIDENCE OF ACTUAL CABLING EXPERIENCE (MANDATORY)

Please tick one of the following boxes and provide evidence:

- I have gained the ACMA mandated experience. A signed statement is attached by an employer or a registered cabler who has **directly supervised** my work experience. (Note: **Open** must have 360 hrs. **Restricted** must have 80 hrs. *A copy of a sample statement can be downloaded from the TITAB website*) **OR**
- Evidence is attached of a suitably recognised industry trade qualification involving cabling practices (e.g. qualified electrician, qualified Foxtel installer, Cert III in Telecommunications Technology, Cert III in Electrotechnology) **OR**
- A Statutory Declaration signed by the candidate in the presence of an authorised witness setting out the details of the candidates experience. (*A copy of a Statutory Declaration can be downloaded from the TITAB website*)

SECTION 4-PAYMENT DETAILS

- \$94 (incl. GST) for three years
 - \$42 (incl. GST) for one year
(Prices are subject to change)
 - Cheque/Money Order payable to "TITAB"
- OR**

- Visa Master Card AMEX

Card Number:

Expiry Date: __/__/__ Amount: \$.....-.....

Name on Card.....

Card Holder Signature.....

Please NOTE if your credit card declines or is not completed correctly, your registration will be delayed.

DECLARATION

I am aware of the penalties for providing false or misleading information under this declaration. I believe that the information provided by me in this application is true and correct and I understand the information provided may be subject to audit.

Signature..... Date...../...../.....

Send application (with mandatory documents) to:

TITAB
Email: info@titab.com.au
Mail: PO Box 348
Carlton Sth Vic 3053
Fax: 03 9650 0485

PRIVACY POLICY

TITAB primarily collects information you provide for registration purposes. The information may be used to keep you informed about services and the industry. It is also used to provide information to the regulator (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.
- **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

Note: Please ensure that your writing is legible to avoid processing delays.

Note: This second page is for the cabling reference only and does not need to be submitted to TITAB.