

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:	
Town or Suburb:	☐ I have gained the ACMA mandated experience. A signed statement is attached by an employer or a
State: Postcode:	registered cabler who has directly supervised my work
Email:	experience. (Note: Open must have 360 hrs. Restricted
Home Phone:	must have 80 hrs. A copy of a sample statement can be
Mobile:	downloaded from the TITAB website) <u>Or</u>
Business Phone:	☐ Evidence is attached of a suitably recognised industry
Current Employer:	trade qualification involving cabling practices (e.g. qualified electrician, qualified Foxtel installer, Cert III
Date of Birth:/	in Telecommunications Technology, Cert III in Electrotechnology) Or
SECTION 2- REGISTRATION TYPE	
(Attach a copy of your <u>official transcript</u> , which lists the	A Statutory Declaration signed by the candidate in the
competencies you have achieved)	presence of an authorised witness setting out the details of the candidates experience. (A copy of a Statutory
☐ Open	Declaration can be downloaded from the TITAB
☐ Restricted	website)
☐ Lift	SECTION 4-PAYMENT DETAILS
ACMA SPECIALIST COMPETENCIES/	\$94 (incl. GST) for three years
ENDORSEMENTS	□ \$42 (incl. GST) for one year
(Attach a copy of your <u>official transcript</u> , which lists the	(Prices are subject to change) ☐ Cheque/Money Order payable to "TITAB"
competencies you have achieved)	OR
☐ Structured Cabling/Cat 5/Cat 6	
Optical Fibre Cabling	☐ Visa ☐ Master Card ☐ AMEX
□ Coaxial Cabling□ Underground Cabling	Card Number:
☐ Aerial Cabling	Expiry Date: / Amount: \$
☐ CPE Cable & System Testing	Expris Bate:/ randant: \$\psi
☐ Specialist Broadband (Point to Point)	Name on Card
ACMA MANDATED OHS/WHS I successfully completed:	Card Holder Signature
☐ OHS/WHS or equivalent (Attach a copy of your	Please NOTE if your credit card declines or is not
official transcript of results)	completed correctly, your registration will be delayed.
OrWhite Card and First Aid Certificate (Attach copies)	<u>DECLARATION</u>
	I am aware of the penalties for providing false or misleading
REGISTRATION WITH ANOTHER REGISTRAR	information under this declaration. I believe that the information provided by me in this application is true and
☐ I wish to transfer my registration to TITAB.	correct and I understand the information provided may be
Registration Number:	subject to audit.
Expiry Date:/	Signature Date/
Please supply a copy of your registration card.	
	Send application (with mandatory documents) to:
	TITAB
PRIVACY POLICY	Email: info@titab.com.au
TITAB primarily collects information you provide for	Mail: PO Box 348

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).

Carlton Sth Vic 3053

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 cablers reference only and does not need to be submitted to TITAB.