



TITAB - APPLICATION FOR CABLER REGISTRATION

PO Box 348 Carlton Sth Vic 3053

03 9631 0800
info@titab.com.au
www.titab.com.au

Email this Application along with all mandatory supporting documents to info@titab.com.au
A confirmation email will be sent in response to all emails received.

PRIVACY POLICY

TITAB primarily collects the 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).

SECTION 1 - CONTACT DETAILS

Surname: Given Name(s): Date of Birth:/...../.....
Postal Address: Town / Suburb: State: P/code:
Email: Mobile: Home Ph:
Employer Business Name: Business Ph:

SECTION 2 – REGISTRATION TYPE

attach copy of official transcripts / statements

2.1 Type of Registration:

Open Restricted Lift

2.2 ACMA Specialist Competencies / Endorsements:

Structured Cabling Optical Fibre Cabling
 Coaxial Cabling Underground Cabling
 Aerial Cabling CPE Cable & System Testing
 Specialist Broadband (Point to Point)

2.3 ACMA Mandated OHS/WHS Completion Status

I have successfully completed OHS/WHS or equivalent
(Attach a copy of your official transcript of results)

OR

I have a current White Card and First Aid Certificate
(Attach copies)

2.4 ACMA Mandated Cabling Regulations Test:

I have successfully completed the ACMA regulatory test delivered by an RTO
(Restricted: 30, Open 50 questions).

SECTION 3 – PROOF OF ACMA MANDATED CABLING EXPERIENCE

Please choose ONE of these options and provide evidence to support your claim

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**)

Evidence is attached of a suitably recognised industry trade qualification involving cabling practices (e.g. qualified electrician, Cert III in Telecommunications Technology or Cert III in Electrotechnology)

A Statutory Declaration signed by the candidate in the presence of an authorised witness setting out the details of the candidate's experience. **(A copy of a Statutory Declaration can be downloaded from the TITAB website)**

SECTION 4 – TRANSFER OF REGISTRATION ?

If you are transferring your registration from another registrar please supply a copy of your current registration card and the following information:

Registration Number: Date of Expiry:/...../.....

SECTION 5 – MANDATORY 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:/...../.....

SECTION 6 – PLEASE SUPPLY CREDIT CARD DETAILS FOR PAYMENT

Registration Fees: \$44 for one year or \$99 for 3 years.

Visa Master Card AMEX

Card Number: _____ Expiry Date: ____/____

Name on Card: _____ Amount: _____

Card Holder Signature: Date:/...../.....

CHECKLIST



Have you completed the following?

(Please ensure that your writing is legible to avoid processing delays)

- **Section 1 - Contact Details.** Provision of your email address is a requirement of the ACMA as well as providing you with access to regular TITAB newsletters which have the latest industry news
- **Section 2 - Registration Type.** Attach a copy of your official transcript of results. For additional information on the requirements to qualify for Cabler Registration refer to the “Pathways” Document located at <https://www.acma.gov.au/publications/2020-08/guide/pathways-cabling-registration>
- **Section 3 - Cabling Experience.** Ensure that you have attached evidence of cabling experience.
- **Section 4 – Transfer of Registration.** If transferring an existing registration with another registrar please provide existing registration details.
- **Section 5 - Sign and date the Declaration**
- **Section 6 - Payment Details.** Please ensure there are sufficient funds on your credit card to cover payment
- **Send Completed Application** form with all supporting documentation to TITAB via email to info@titab.com.au for speedy processing. Alternatively send by regular mail to P.O. Box 348, Carlton South Vic 3053.

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