



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 an additional 280 hours work experience must be supplied together with a copy of your certificate/Statement of Attainment. Refer to www.titab.com.au for more information)

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"/> 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 THIS FORM TO THE ADDRESS BELOW****

PO Box 348 Carlton South Victoria 3053
Ph: 03 9631 0800

www.titab.com.au info@titab.com.au ABN 14 069 148 303