



TITAB AUSTRALIA

CABLER REGISTRY SERVICES

RE-APPLICATION FORM

This form is to be used by cablers who were previously registered with TITAB and require a new registration number.

PREVIOUS TITAB REGISTRATION NUMBER: **T** _ _ _ _ _ EXPIRY DATE : _____

NAME: _____ **DOB** _____

CURRENT 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"/> RESTRICTED CABLER REGISTRATION
<input type="checkbox"/> LIFT CABLER REGISTRATION	
<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

I declare that I have at least 360 hours of current cabling experience and that I understand the current cabler provider rules under the ACMA regulations.

I am also aware of the penalties for providing false or misleading information under this declaration.

Signature: _____ **Date:** _____/_____/_____

PAYMENT DETAILS (PLEASE NOTE: WE DO NOT ACCEPT PAYMENT BY CHEQUE OR BPAY FOR RE-APPLICATIONS)

PAY BY CREDIT CARD: **VISA** **MASTER CARD** **AMEX**

CARD NUMBER: _____ EXPIRY DATE: ____/____

Fee for RE-APPLICATION including 3 year registration is **\$110.00** (inc GST).
Declined or invalid card details will cause processing delays

NAME ON CARD: _____

SIGNATURE: _____ **DATE** _____

PLEASE EMAIL/MAIL THIS FORM TO THE ADDRESS BELOW