

Application for Master Cabling Registration

Australian Cabler Registration Service
ABN 72 093 933 370 (ACMA Approved)

ACRS



Please use **BLOCK LETTERS** when completing this form

Section 1 – Personal Details

Surname: _____ Given Name(s): _____ D.O.B: ____ / ____ / ____

Postal Address - PO Box / Locked Bag No: _____

Suburb / Town: _____ State: _____ Postcode: _____

Home Phone: _____ Business Phone: _____

Mobile Phone: _____ Email Address: _____

Residential Address - If Different to Postal Address

Street Number: _____ Street Name: _____

Suburb / Town _____ State: _____ Postcode: _____

Section 2 – Registration Categories

Type of registration applied for: Open Restricted Lift

Please attach copies of certificates of attainment or training package qualification to prove competency for the registration type you are applying. Audits to validate this information will be carried out from time to time.

Endorsement(s) – please tick and submit copies of documents

- Structured Cabling (Category 5 and 6) ICTTC009A Fibre Optics ICTTC010A Coaxial ICTTC011A
 Underground ICTTC018A & ICTTC019A Aerial ICTTC020A & ICTTC021A Cable System Testing Fibre (F) or Metallic (M) ICTTC013

Section 3 – Voluntary Category (please quote and submit copy of electrical licence or trade certificate)

Tradesperson/Electrical - please record: _____

Section 4 – Payment Details (please tick)

\$25.00 for 1 year or \$75.00 for 3 years (fees incl. GST)

Payment Type: Visa MasterCard Cheque or Money Order made payable to ACRS

Credit Card No: _____ Expiry Date: ____ / ____ / ____

Cardholder Name: _____ Cardholder signature: _____

Section 5 - Declaration

I have read the explanatory guide to the ACMA Cabling Provider Rules (CPRs) and understand my rights and responsibilities under the CPRs. I am also aware of the penalties for providing false or misleading information under this declaration. I declare that the information provided by me in this application is true and correct in every detail and I understand that the information provided may be subject to audit. I also confirm that the enclosed supporting documents are true copies of the issued originals.

Declaration of six months relevant cabling experience

For applicants whose training pathway requires 6 months cabling experience I declare that I have attained 6 months relevant cabling experience. Relevant cabling experience is installing telecommunications, electrical, data, security alarm, fire alarm, or lift cables. Note: design or supervision of cabling work or cabling work using pre-terminated cabling, such as extension leads and patching is not accepted as relevant cabling experience.

Privacy

ACRS acknowledges and respects your privacy. ACRS is collecting the information you provide on this form for the purpose of processing your registration. This information may also be used by the industry regulator, Australian Communications & Media Authority (ACMA). You have the right to access the information that ACRS holds about you. ACMA requires the Registrar to provide limited public access to the Cabler Database that includes your name and registration number. This is for the purpose of assisting consumers to confirm that they have engaged a registered cabler, and will be used for no other purpose.

Signed: _____ Date: ____ / ____ / ____

Post Applications to:
ACRS Administration Centre
PO Box 1106
Burwood North NSW 2134

Fax to:
(02) 9744 3928

Enquiries to:
Phone 1300 667771
Email enquiries@acrs.com.au
Website: www.acrs.com.au