

**Telecommunications customer cabling
compliance form (TCA1 form)**

**Copies required for customer, cabler and employer (if applicable)**

**Instructions for completion**

**Requirements**

* The registered cabling provider (cabler) who performed or supervised the work described in this form must complete this upon finishing the work (except for certain exemptions).
* Cablers must retain a copy of this form for at least 12 months and give a copy to the customer/employer.
* Where proposed works may be compromised by existing cabling, a TCA2 form should be completed.

**Enquiries**

* For advice on completing this form, please go to the ACMA website at [acma.gov.au](http://www.acma.gov.au).
* Technical enquiries about cabling should be directed to:

Email: info@acma.gov.au

Telephone: 1300 850 115

**Registered cabling provider**

Name

|  |
| --- |
| SURNAME |
| GIVEN NAMES |

Address

|  |
| --- |
|  |
|  |
| POSTCODE |

Contact details

|  |
| --- |
| WORK ( ) |
| MOBILE |
| EMAIL |

Registration number Expiry date

|  |  |
| --- | --- |
|  |  |

**Employer (IF APPLICABLE)**

Name of company

|  |
| --- |
|  |

Address

|  |
| --- |
|  |
|  POSTCODE |

Contact details

|  |
| --- |
| WORK ( ) |
| MOBILE |
| EMAIL  |

**Description of work (INCLUDING ANY SUPERVISION)**

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

**Customer details**

Name

|  |
| --- |
|  |

Address

|  |
| --- |
|  |
| POSTCODE |

Contact details

|  |
| --- |
| HOME ( ) |
| MOBILE |
| EMAIL |

**Certification**

I hereby certify the cabling work described in this advice complies with the Wiring Rules (AS/CA S009:2013 or its replacement).

|  |  |  |
| --- | --- | --- |
| SIGNATURE |  | PRINT FULL NAME |
| DATE |  |  |