

# 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

I declare that I have attained the required number of hours relevant cabling experience and have attained this experience \* over a period not exceeding 2 calendar years.

\*Required number of hours relevant cabling experience: 600 hours (OPEN registration), 400 hours (RESTRICTED registration).

'Relevant cabling experience' means experience in installing telecommunications, electrical, security system, fire system or lift cables. Note that design or supervision of cabling work, or cabling using pre-terminated cabling such as extension leads or 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, The Australian Communications & Media Authority (ACMA). You have the right to access the information that ACRS holds about you. The 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