

Application for Master Cabling Registration

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



SECTION 1 - Personal Details

Surname:	Given Name(s):	D.O.B	/	/
Company Name:	Position Held:			
Postal Address:				
Suburb / Town:	State:		Postcode:	
Mobile Phone:	Email Address:			

SECTION 2 - Registration Categories

PLEASE ATTACH COPIES OF OFFICIAL RTO OR TAFE CERTIFICATES SHOWING SUBJECTS COMPLETED

FAILURE TO ATTACH THESE CERTIFICATES WILL DELAY THE PROCESSING OF YOUR APPLICATION

Registration Type: OPEN RESTRICTED LIFT

Competencies - SUBMIT COPIES OF THESE INDUSTRY ACCREDITED COMPETENCY CERTIFICATES

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> Structured Cabling (Cat5 & Cat6) | <input type="checkbox"/> Optical Fibre | <input type="checkbox"/> Coaxial |
| <input type="checkbox"/> Underground | <input type="checkbox"/> Aerial | |
| <input type="checkbox"/> Testing Metallic | <input type="checkbox"/> Testing Fibre | <input type="checkbox"/> Broadband |

Evidence of Experience (*refer to the attached experience form or attach licence*)

- I have gained the ACMA mandated experience for Open CPR (360 hours) **OR** Restricted CPR (80 hours)
- I am qualified as suitable recognised industry qualification involving cabling practices (*e.g. Electrician, Foxtel installer, NBN enAble*) evidence is attached.

SECTION 3 - Voluntary Category (*submit copy of Electrical licence or trade certificates*)

- Skill Level 1 (Electrical Licence **or** Cert III Telecommunications, Electro Technology & Communications)
- Skill Level 2 (Electrical Licence **&** Cert III Telecommunications, Electro Technology & Communications)
- Skill Level 3 (Electrical Licence, Cert III Telecommunications, Electro Technology & Communications **&** Tertiary level qual)

SECTION 4 - Payment Details Cheque/Money Order payable to 'ACRS' **OR** Visa/MasterCard

Amount: \$ _____ 1 YEAR \$48.00 3 YEARS \$102.00 (*prices Inc. GST & are subject to change*)

Card Number: _____ Expiry Date: ____ / ____

Name on Card: _____ Card Holder Signature: _____

DECLARATION – This MUST be PERSONALLY signed

I have read the explanatory guide to the ACMA Cabling Provider Rules (CPRs) and understand my rights and responsibilities under the CPRs.

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

I believe that the information provided by me in this application is true and correct and I understand the information provided may be subject to audit. I also confirm I have completed the 30/50 ACMA questions & OHS/WHs or equivalent.

PRIVACY -

It is mandatory that your personal details are available for public access via our website and the information contained in section 1 will be made available to the industry regulator ACMA and to keep you informed with industry news.

Signed: _____

Date: _____

Send completed application, certificates, copy of licences and experience statement with payment by email or mail to:

Email: enquiries@acrs.com.au

ACRS Administration Centre
122 Hume Highway
Chullora NSW 2190

Phone: 1300 667771

Website:

www.acrs.com.au

SEPT 2024

Open registration—Experience requirements

THIS FORM IS FOR USE BY SUPERVISORS/Employers

It can be submitted as evidence of cabling experience to a registrar.

Photocopy this page, add the name of the candidate and tick the criteria they have met.

CANDIDATE NAME: _____

In addition to completion of relevant competency requirements candidates require cabling experience to progress to open registration. The candidate must provide sufficient evidence to the registrar of cabling experience, which is one of the following:

- > recognised industry qualifications involving cabling practices (for example, qualified electrician)
- > a statutory declaration signed by the candidate in the presence of an authorised witness setting out the details of the candidates experience
- > a detailed log book of cabling experience showing dates and types of work
- > a signed statement by an employer or a registered cabler who has directly supervised the candidate, detailing the candidate's experience.

Criteria for determining cabling experience

Essential requirements—Candidates are required to have sufficient experience and must meet ALL three requirements (tick to indicate):

- Experience comprises at least 360 hours of actual work on cabling tasks
- Cabling experience was supervised by a registered cabler
- Cabling work undertaken is covered by AS/CA S009:2020 or AS/NZS 3000:2007 (or their replacements)

Other criteria/requirements—All candidates must meet at least FOUR of the following requirements (tick to indicate):

- Installation of distributor systems involving a capacity of at least 20 lines
- Installation of telecommunications earthing protection
- Creation and interpretation of cable plans
- Assist in cable testing and fault rectification
- Assist in preparation of telecommunications cabling advice (TCA) reports for customers (TCA1 forms are mandatory, while TCA2 forms are advisory. Refer to the ACMA website.)
- Interaction with customers

SUPERVISORS NAME: _____

SUPERVISORS SIGNATURE: _____

SUPERVISORS REGISTRATION/LICENCE NUMBER: _____