

Application for Master Cabling Registration

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



BRCA Registration Number: B _____ **Expiry Date:** _____

Contact Details

Surname: _____ Given Name(s): _____
Company Name: _____ Position Held: _____
Postal Address: _____ Suburb: _____
State: _____ Postcode: _____ DOB: _____ Home Phone: _____
Mobile: _____ Email: _____

Office use only

NEW Registration Number A0 _____ **Expiry Date:** _____

☐ **Electrical Licence -Please submit copy**

Payment Details

☐ **Visa** ☐ **MasterCard**

Amount: \$ _____ ☐ **\$48.00** (incl. GST) for 1 year ☐ **\$102.00** (incl. GST) for 3 years (*prices 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 will be made available to the industry regulator ACMA and to keep you informed with industry news.

Signed: _____

Date: _____