

Application for Master Cabling Registration

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

ACRS



SECTION 1 – Personal Details

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

SECTION 2 – Registration Categories

Please attach copies of certificates and transcripts for the registration type you are applying.

Type of registration applied for: Open with 360 hours experience Restricted with 80 hours experience Lift

CPR Pathways OHS requirement for both Open and Restricted Registration

OHS/WHS (ICTOHS2170) or equivalent I successfully completed the ACMA regulatory questions
(Restricted 30 questions: Open 50 questions)

COMPETENCIES – please tick and submit copies of documents

Structured Cabling (Cat5 & Cat6) Fibre Optics Coaxial
 Cable System Testing Underground Aerial
 Specialist Broadband (Restricted Registration only)

Evidence of Experience (refer to the attached Experience forms)

I have gained the ACMA mandated experience for Open CPR (360 hours) and the evidence is attached or
 I have gained the ACMA mandated experience for Restricted CPR (80 hours) and the evidence is attached or
 I am qualified as suitable recognised industry qualifications involving cabling practices (e.g. qualified electrician, qualified Foxtel installer, qualified audio/visual installer) evidence is attached.

SECTION 3 – Voluntary Category (Applicants must submit a copy of their 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 Master Card

Amount: \$ _____ \$32.00 (incl. GST) for 1 year \$84.00 (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. ACMA requires ACRS to provide limited public access to the cabler database that MUST include your name and registration number. 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 that the enclosed supporting documents are true copies of the issued originals. **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: 360 hours (OPEN registration), 80 hours (RESTRICTED registration).

'Relevant cabling experience' means experience in installing telecommunications, electrical, data, security alarm, fire alarm 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

It is mandatory that your name, registration number, registration type and suburb is available for public access via our website and the information contained in section 1 will be made available to the industry regulator, The Australian Communications & Media Authority (ACMA).

Signed: _____

Date: _____

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

ACRS Administration Centre
Locked Bag 1818
St Leonards NSW 1590

Fax: 02 9744 3928
Email: enquiries@acrs.com.au

Phone: 1300 667771
Website: www.acrs.com.au

Open registration—Experience requirements

THIS FORM IS A GUIDE FOR USE BY RTOs, ASSESSORS AND 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 S009:2013 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

REGISTERED CABLING SUPERVISORS NAME: _____

SUPERVISORS REGISTRATION NUMBER: _____