

# 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:		
Home Phone:	Business Phone:			
Mobile Phone:	Email Address:			

## SECTION 2 – Registration Categories

(Please tick & attach copies of official transcripts listing the units for the registration type you are applying for)

Registration Type:  Open with 360 hours experience  Restricted with 80 hours experience  Lift

### ACMA MANDATED REGULATORY TEST & OHS

- I successfully completed the ACMA regulatory questions  
(Restricted 30 questions: Open 50 questions)
- OHS/WHS or equivalent (White card & first aid certificate)

### COMPETENCIES – Please tick and submit copies of documents

- |   |  |                                    |
|---|--|------------------------------------|
| <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 forms)

- I have gained the ACMA mandated experience for (360 **OR** 80 hours) and the evidence form 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)
- Skill Level 2 (Electrical Licence **&** Cert III Telecommunications, Electro Technology)
- Skill Level 3 (Electrical Licence, Cert III Telecommunications, Electro Technology **&** tertiary level qual)

## SECTION 4 - Payment Details Cheque/Money Order payable to **ACRS** **OR** Visa Master Card

Amount: \$ \_\_\_\_\_  **\$35.00** (incl. GST) for 1 year  **\$88.00** (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 that the enclosed supporting documents are true copies of the issued originals.*

### 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 via **Email, fax or mail to:**

Email: [enquiries@acrs.com.au](mailto:enquiries@acrs.com.au)  
Website: [www.acrs.com.au](http://www.acrs.com.au)

Phone: 1300667771  
Fax: 0297443928

Mail: ACRS Locked Bag 1818  
St Leonards NSW 1590

## 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.*

**CANDIDATE NAME:** \_\_\_\_\_

In addition to completion of relevant competency requirements candidates require on the-job-cabling experience to progress to open registration. The candidate must provide sufficient evidence to the registrar of cabling experience,

- > 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.

### **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

**SUPERVISING CABLERS NAME: (please print)** \_\_\_\_\_

**SUPERVISING CABLERS: (signature)** \_\_\_\_\_

**SUPERVISORS CABLING REGISTRATION NUMBER:** \_\_\_\_\_

**CONTACT PHONE NUMBER:** \_\_\_\_\_

**Restricted 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.

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**CANDIDATE NAME:** \_\_\_\_\_

In addition to the completion of relevant competency requirements, candidates require cabling experience to progress to a Restricted Registration. The cabler must provide evidence to the registrar of sufficient 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 80 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 TWO of the following requirements (tick to indicate):**

- Creation and interpretation of cable plans
- Assist in cable testing and fault rectification
- 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

**SUPERVISING CABLERS NAME: (please print)** \_\_\_\_\_

**SUPERVISING CABLERS: (signature)** \_\_\_\_\_

**SUPERVISORS CABLING REGISTRATION NUMBER:** \_\_\_\_\_

**CONTACT PHONE NUMBER:** \_\_\_\_\_