

Application Renewal

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



SECTION 1 – Contact Details

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

SECTION 2 – Registration details

Current Registration Number: _____ Type: _____ Expiry Date: _____

SECTION 3 - COMPETENCIES – please tick and submit copies of documents

- | | | |
|--|---------------------------------------|----------------------------------|
| <input type="checkbox"/> Structured Cabling (Cat5 & Cat6) | <input type="checkbox"/> Fibre Optics | <input type="checkbox"/> Coaxial |
| <input type="checkbox"/> Cable System Testing | <input type="checkbox"/> Underground | <input type="checkbox"/> Aerial |
| <input type="checkbox"/> Specialist Broadband (point to point) | | |

SECTION 4 – Voluntary Category (Applicants must submit a copy of their electrical licence / 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 5 - Payment Details

- Cheque/Money Order payable to "ACRS" Visa Master Card OR renew **online at www.acrs.com.au** OR
Call ACRS on 1300 667771 and pay over the phone.

Amount: \$ _____ **\$38.00** (incl. GST) for 1 year **\$90.00** (incl. GST) for 3 years (*prices subject to change*)

Card Number: _____ Expiry Date: ____/____/____

Name on Card: _____ Card Holder Signature: _____

SECTION 6 - DECLARATION

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: _____

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