

ACRS MASTER CABLER - APPLICATION FOR CABLING REGISTRATION

Please use BLOCK LETTERS when completing this form

SECTION 1 – PERSONAL DETAILS

SURNAME										GIVEN NAME(S)									
POSTAL ADDRESS																			
PO BOX / LOCKED BAG NO																			
SUBURB / TOWN										STATE					POSTCODE				
RESIDENTIAL ADDRESS										STREET NAME									
STREET NUMBER					STREET NAME														
SUBURB / TOWN										STATE					POSTCODE				
HOME TELEPHONE					BUSINESS PHONE														
MOBILE TELEPHONE					EMAIL ADDRESS														

SECTION 2 – REGISTRATION CATEGORIES

Type of Registration – please tick Open Restricted Lift

Endorsement(s) – please tick and submit copies of documents
 UTP/STP (Category 5) Coaxial Fibre Optics Aerial Underground

Voluntary Category – please list and submit copies of qualifications
 Tradesperson/Technician – please record _____

SECTION 3 – YOUR INDUSTRY SECTOR – please tick

Electrical Security Fire Data Telecommunications Other

SECTION 4 – TECHNICAL DETAILS

NEW APPLICANT

You must provide copies of documentation that demonstrates that you have met ACA competency requirements. Please specify the competency standard, qualification, or trade (and attach copies) _____

SECTION 5 – PAYMENT DETAILS

Fees: (Please tick) \$25.00 for 1 year, or variation or \$75.00 for 3 years (fees incl. GST)

Payment Type: Credit Card (tick type) or Cheque/Money Order payable to ACRS

Visa MasterCard BankCard

_____/____/____ (Credit Card number) _____ (Expiry Date)

(Cardholder Name as appears on Credit Card) _____ (Cardholder signature)

SECTION 6 – DECLARATION OF 6 MONTHS CABLING EXPERIENCE

For applicants whose training pathway requires 6 months cabling experience I declare that I have attained 6 months relevant cabling experience**

Signed: _____ Dated: ____/____/20

**Relevant cabling experience means experience in installing telecommunications, electrical, data, security alarm, fire alarm, or lift cables. Note: design or supervision of cabling work or cabling work using pre-terminated cabling, such as extension leads and patching is not accepted as relevant cabling experience.

SECTION 7 – DECLARATION

I have read the explanatory guide to the Cabling Provider Rules (CPRs) and understand my rights and responsibilities under the CPRs. I am also aware of the penalties for providing false or misleading information under this declaration. I declare that the information provided by me in this application is true and correct in every detail and I understand that the information provided may be subject to audit. Supporting Documentation - the enclosed supporting documents are true copies of the issued originals.

Signed: _____ Dated: ____/____/20

Post Applications to:
ACRS Administration Centre
PO Box 1106
BURWOOD NORTH NSW 2134

Fax Applications to:
(02) 9744 3928

Enquiries to:
Phone 1300 667 771
Email enquiries@acrs.com.au
Website: www.acrs.com.au