

Cabling Provider Registration Form



Australian Security Industry
Association Limited
ABN 91 000 813 365

Open / Restricted / Lift - CONFIDENTIAL

ASIAL is one of 5 registrars accredited by the Australian Communications and Media Authority (ACMA) to offer cabling registration services under the Telecommunications Act 1997. Details of all cabling registrars are available on the ACMA website www.acma.gov.au

Section A - Contact Details

Please complete in UPPER CASE					
Mr/Ms/Mrs/Dr/Other:					
First Name:		Middle Name:			
Surname:					
Postal Address:					
Suburb:		State:		Postcode:	
Street address:					
Suburb:		State:		Postcode:	
Phone Business Hours:			Phone After Hours:		
Mobile:			Fax:		
Email address:					
Date of birth (DD/MM/YYYY):					
INDUSTRY SECTOR (tick one or more)					
Security <input type="checkbox"/>	Telecommunications <input type="checkbox"/>	Data <input type="checkbox"/>	Electrical <input type="checkbox"/>	Fire <input type="checkbox"/>	Lifts <input type="checkbox"/>

Section B - Type of Registration Required

I am applying for (please tick):

OPEN Registration <input type="checkbox"/>	RESTRICTED Registration <input type="checkbox"/>	LIFT Registration <input type="checkbox"/>
--	--	--

Section C - Applicants who hold a current OPEN or RESTRICTED Cabling Registration (with another registrar) only:

Registration Number:	
Type (Open/Restricted/Lift):	
Issued by (Name of registrar):	
Expiry Date:	

Section D - Applicants who DO NOT hold a current OPEN or RESTRICTED Cabling Registration

PLEASE NOTE THE FOLLOWING:

1. You must supply with this Registration Form, unaltered copy/ies of the relevant Registered Training Organisation's Certificate/s of Attainment and/or Assessment, as issued to you on completion of Training and/or Recognition of Prior Learning assessment. This is a mandatory requirement of the Australian Communications and Media Authority (ACMA) under the Cabling regulatory framework.
2. You must also complete the Cabling Experience Declaration below:

CABLING EXPERIENCE DECLARATION

I declare that I have attained six (6) months relevant cabling experience*:

Signed:

Date:

*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 E - Applicants for OPEN Registration only:

Additional Advanced Endorsements (only if relevant ADDITIONAL courses completed)

I qualify for the following advanced endorsements:

NOTE: if endorsements are not shown on your previous cabling registration, you must attach unaltered copies of all relevant original (i.e., training, etc) documents as evidence of completion of endorsement course/s or RPL assessment. (Tick endorsement/s below, as appropriate)

Structured Cabling <input type="checkbox"/>	Coaxial <input type="checkbox"/>	Optical Fibre <input type="checkbox"/>	Underground <input type="checkbox"/>
Aerial <input type="checkbox"/>	Testing (Fibre) <input type="checkbox"/>	Testing (Metallic) <input type="checkbox"/>	

Section F - Registration Declaration (must be completed by all applicants)

I have read the ACMA 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.

Signed:

Date:

Section G - Payment Details

Please tick if not a member of ASIAL (registration fee \$83.75 inc. GST)

Please tick if a member of ASIAL (registration fee \$76.15 inc. GST)

'Member' means you either operate or work for an ASIAL member company

NOTE: Your Registration is valid for THREE (3) YEARS from the date processed. The expiry date will appear on your Registration Certificate and Registration Card.

My cheque or money order for \$ _____, made payable to ASIAL, is enclosed, OR:

Credit card: ___ Mastercard ___ Visa ___ Amex

Card Holder Name:

Card Number:

Expiry date:

Total payment: \$

Signature:

Please return completed form and attachments to ASIAL, PO Box 1338, Crows Nest NSW, 1585.

Fax: (02) 8425 4343. Email: cabling@asial.com.au Phone (02) 8425 4300 or Cabling direct (02) 8425 4331