



BRCA
Upgrade of
Registration Type
 (Cabling Provider Rules 2000 compliant)

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 South Melbourne 3205
 Victoria Australia

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 F: +61 3 9867 5099
 E: info@brca.com.au
 W: www.brca.com.au

Section A: Contact Details

PLEASE PRINT CLEARLY AND COMPLETE **ALL** FIELDS IN THIS SECTION

- | | | | |
|----------------------|--------------|--------------------|-------|
| 1. Last Name*: | | First Name/s*: | |
| 2. Postal Address: | | 3. Home Address: | |
| | | | |
| | | | |
| 4. Home Phone: | (.....)..... | 5. Fax: (.....) | |
| 6. Work Phone: | (.....)..... | 7. Mobile: (.....) | |
| 8. Email: | | | |
| 9. Current Employer: | | | |
| 10. Job Title: | | | |

**It is mandatory for your Name, Registration Type and Registration Number to be available for public access via the Internet*

Section B: Type of Registration being applied for (please tick)

- Open

 Restricted

 Lift

Are you currently registered with another Registrar? Yes No

Section C: Current BRCA registration details

Current Registration Number:

Type: (Open, Restricted, Lift, Transitional)

Expiry Date:/...../.....

Section D: Competency requirements met to enable upgrade of registration type

If you require help to answer this section, the "Pathways to Registration" is available FREE from the BRCA website at www.brca.org/brca or from the BRCA office, just call 1800 306 444.

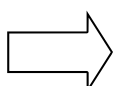
I am aware of the ACMA competency requirements for Open, Restricted and Lift Registrations and have attached my statement of attainment

Failure to attach attainment/s will prevent processing until competency can be proven.

If you obtained your competency using one of the following pathways: NTC004, NTC014, NTC017 and NTC111, or NUE190, NUE191, NUE192 and NUE193 or NTC199 or NUE199 then you must have also completed an aggregated 600 hours relevant cabling experience. 'Relevant cabling experience' means installing telecommunications, electrical, data, security alarm, fire alarm or lift cabling. 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.

Signed: **Date:**

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Section E: Declaration

I have read the explanatory guide to the Cabling Provider Rules (CPR's) 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:**

Payment Details:

- Financial BICSI member (no payment required)
- Upgrade from BRCA Transitional registration (no payment required)
-**OR**.....
- \$22.00 (incl. GST) for the current term of this registration
- Cheque or Money Order enclosed (*payable to BICSI Registered Cablers Australia Pty Ltd*)
- Visa Bank Card Master Card Amex

.....
(Credit Card Number)

.....
(Expiry Date)

.....
(Name as it appears on credit card)

.....
(Cardholder Signature)

Send to:
BICSI Registered Cablers Australia Pty Ltd
PO Box 1018, South Melbourne, Victoria 3205
Or Fax: 03 9867 5099