



BRCA

Upgrade of Voluntary Registration Levels

(Cabling Provider Rules 2000 compliant)

PO Box 1018
South Melbourne 3205
Victoria Australia

T: +61 3 9867 4911
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: Current BRCA registration details

Registration Number:
Type: (Open, Restricted, Lift, Transitional)
Expiry Date:/...../.....

Please note that if you still hold a current licence, the licence conditions still apply to you until you surrender your licence.

Section C: Additional Voluntary levels of registration you wish to include *

Manufacturers' Installer Certifications:

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.....
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Voluntary Endorsements:

- Structured 5/6 Aerial
- Co-axial Underground
- Optical Fibre

Higher Qualifications (TAFE, BICSI, other education for assessment):

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.....
.....

** (Voluntary registrations are not part of CPR mandatory competency criteria, and therefore do not affect your ability to work in specific areas)*

Attach verified[¶] copies of all original documents to authenticate voluntary level/s of registration

[¶](verified copies: signed by a Justice of the Peace, Police Officer, Bank Manager or any other signatory of a statutory declaration)

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Section D: Declaration

I am 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)

.....**OR**.....

- \$22.00 (incl. GST) for the current term of this registration

A new Registration Card and Certificate will be posted in the mail

- 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