



BRCA
Upgrade of Competencies
 (Cabling Provider Rules 2014 compliant)

PO Box 1018
 South Melbourne 3205
 Victoria Australia
 T: +61 3 9583 3445
 E: info@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:

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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)

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

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

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

Manufacturers' Installer Certifications:

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Specialty Cabling Competencies:

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Structured (Cat 5/6/7) | <input type="checkbox"/> Aerial |
| <input type="checkbox"/> Co-axial | <input type="checkbox"/> Underground |
| <input type="checkbox"/> Optical Fibre | <input type="checkbox"/> Testing |

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)



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:

- \$22.00 (incl GST) for a new Card
- Free of charge—Certificate ONLY emailed
- Direct Deposit
BSB: 013 332 **Account:** 3476 36403
Account Name: BICSI Registered Cablers Aust.
Reference: your registration number and/or full name

Credit Card: Visa Master Card Amex

.....
(Credit Card Number)

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(CVV code) (Expiry date)

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

.....
(Cardholders signature)

Send to
Email: info@brca.com.au
Mail: BRCA Registered Cablers Australia
PO Box 1018
South Melbourne, VIC 3205