



BRCA

Replacement of Registration Card and/or Certificate

(Cabling Provider Rules 2000 compliant)

PO Box 1018
South Melbourne 3205
Victoria Australia

T: +61 3 9867 4911
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*: | 1. 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 registration, the registration conditions still apply to you until you surrender your registration.

Payment Details:

- \$22.00 (incl GST) for a new Card
- Free of charge—Certificate ONLY emailed
- Cheque or Money Order enclosed
(payable to BICSI Registered Cablers Australia Pty Ltd)
- 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)

.....
(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