



BRCA
Replacement of Registration
Card and Certificate or
Replacement Certificate
 (Cabling Provider Rules 2000 compliant)

PO Box 1018
 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: 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.

Payment Details:

- Financial BICSI member (no payment required)
- **OR**.....
- \$22.00 (incl GST) for a new Card and Certificate
- Free of charge—Certificate ONLY
- Cheque or Money Order enclosed
- (payable to BICSI Registered Cablers Australia Pty Ltd)*

- Visa Master Card Amex

.....
 (Credit Card Number)

.....
 (Expiry date)

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

.....
 (Cardholders signature)

Send to
BRCA Registered Cablers Australia
PO Box 1018
South Melbourne, VIC 3205
 Or fax to **(03 9867 5099)**