

Telecommunications Cabling Advice (TCA1)

Johns Electrical

A.B.N. 68 126 293 203

Copies: 1. Customer 2. Cabler 3. Employer (if applicable)

| Registered/Licensed Cabling Provider | | |
|--------------------------------------|----------------------------------|-----------------|
| Name: | John Freemason | |
| Mobile Number: | 0421 123 123 | |
| Email: | JohnF@email.com | |
| Business Address: | 27 Baker Street, Sydney NSW 2033 | |
| Registration or Licence Number: | | |
| Name of Registrar: | | |
| Name of Employer: | Johns Electrical | |
| Business / Employer Phone: | 0283555999 | FAX: 0283555998 |

| Description of work (INCLUDING ANY SUPERVISION) |
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| |

| Customer Details | | |
|------------------|--------------------------------------|---------|
| Name: | Jane Rivers | |
| Address: | 32 Melville Street, Ashbury NSW 2193 | |
| Phone: | 0412345678 | Mobile: |
| Email: | | |

| Certification |
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| I hereby certify that the cabling work described in this advice complies with the Wiring Rules. (AS/ACIF S009:2001 or its replacement). |
| Print Name: John Freemason Date: 28/08/2013 |

Signature: