



TESTING AND COMMISSIONING ASSOCIATION INC
Registration No. A0049115L
("Association")

INDIVIDUAL ACCREDITATION APPLICATION

Name of Applicant:

Prefix	Last Name	Given Name(s)	Preferred Name

("Applicant") applies to carry out accreditation with or be affiliated with the Association.

Applicant Details:

DOB:	
Residential Address:	
Delivery Address:	
Personal Email:	
Work Email:	
Mobile Phone:	
Landline Phone:	
Job Title:	

Highest Level of Relevant Education:

Please submit a copy of your certificate of completion with your application, as indicated in the Evidence Requirements table.

Qualification:	
University/College/School/GED:	
Date of Completion:	

Application Type:

Applicants must meet the education, experience and pre-requisite requirements outlined in our "Membership Criteria"

Please select your application Type:

Training Candidate (1)

Technician (2)

Supervisor (3)

Please select the discipline for which you wish to apply:

HVAC/TAB

Do you have a membership with AIRAH?

Yes

No

Employer Details:

Current Employer:	
Employer Address:	
ABN / ACN:	
Branch (if applicable):	
Phone No:	
Website:	

Employment History:

Please complete employment history (relevant commissioning experience only) for the time frame required to support your application. Refer to the Membership Criteria minimum demonstrated hands-on experience requirements.

Employment Period	Employer	Job Title	Referee Name/Phone

Please continue on a separate page if required.

Evidence Requirements (by Application Type):

KEY: X = required C = potentially required (check "Membership Criteria")

Application Type			Evidence Documentation Requirements	Your Checklist
1	2	3		
X	X	X	Education Certificate (highest level of relevant education attained)	
	C	C	Provide current Certificate of Equivalency	
X			Reference Letter from Employer or Teacher outlining your skills and suitability	
	C	C	Evidence of Alternative Training as outlined in the Membership Criteria	
	C	C	Continuation of "Summary of Job Experience" (if applicable)	

Refer to our "Membership Criteria" document to determine your "Application Type" then cross-check against the matrix below to determine what evidence and documentation you are required to submit with your application.

The criteria that have an "X" in the "Application Type" column under the category you are applying for, are the documents that need to be submitted with your application. Please refer to the key below for further instructions.

Please include all requested certificates and documentation ("Evidence Requirements") with your application. If we require clarification or further evidence, we will contact you.



Summary of Job Experience:

Please complete the below job-specific experience which outlines your hands-on TAB Professional / TAB Technician / HVAC experience. Refer to the "Membership Criteria" in order to determine the length of time (years) of experience that are required to support your application. If you require more space, please present this information in a separate document along with your application.

Project Dates (from-to)	Project Name	Project Responsibilities	Duties (specific examples)



Fees:

Refer to our "Pricing Schedule" for current fees.

Please note that Individual Fees are invoiced and must be paid separately to any company fees.

General Application Fees - On the receipt of your application, we will issue you with an invoice for payment. This fee must be paid in full before your application will be processed. Once the review process is complete, the applicant will receive notification from the Testing and Commissioning Association via email.

Course Application Fees – On the receipt of your application, we will issue you with an invoice for payment. We require you to pay a 50% deposit before your application will be processed.

Applicant Code of Conduct Attestation:

Individuals pursuing Testing and Commissioning Association Inc. (TACA) accreditation must indicate that he/she has no notice, knowledge or involvement of any litigation, government proceeding or criminal investigation (in progress or having been conducted in the past) relative to the individual personally or said performed work.

Individuals must indicate whether they have/have not been involved in any way in an investigation, lawsuit or arbitration surrounding issues of moral turpitude or any work performed.

NO YES *If yes, the applicant is required to provide a written description of the proceedings.*

By signing this form, the Applicant (or Guardian) attests that the above information is true and accurate and acknowledges they have read and signed TACA's Arbitration Agreement and Code of Ethics (attached) and agree to abide by TACA's governing documents. Failure to do so will disqualify the applicant.

Signature:	
Name of Applicant:	
Date of Application:	

Please email this completed form to info@taca.org.au along with your supporting documents.