

**THE UNITED REPUBLIC OF TANZANIA  
ENGINEERS REGISTRATION BOARD**

Pamba Road (Opposite Hotel Agip)  
P.O.Box 14942, Dar es Salaam



Telephone: +255-022-2115373  
Telephone/Fax: +255-022-2124265

**APPLICATION FOR REGISTRATION AS AN  
ENGINEERING CONSULTING FIRM**

(Under The Engineers Registration Act, 1997)

**FOR OFFICIAL USE**

Application No. \_\_\_\_\_  
Date received: \_\_\_\_\_  
Application fee receipt No \_\_\_\_\_  
Documents attached: \_\_\_\_\_  
To be processed on: \_\_\_\_\_  
Remarks: \_\_\_\_\_

1. **COMPANY'S NAME in Full :** \_\_\_\_\_
2. **Current Postal Address:** \_\_\_\_\_  
  
Telephone No. \_\_\_\_\_ Telex \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_
3. **Physical Address:** (Location of Registered Office):  
  
House No. \_\_\_\_\_ Block No. \_\_\_\_\_ Street name: \_\_\_\_\_ Town/City: \_\_\_\_\_
4. **Certificate of Incorporation/Registration of Business** (attach photocopies of certificates)  
  
Name: \_\_\_\_\_ Number: \_\_\_\_\_ Date: \_\_\_\_\_
5. **Current Business License** (If any; attach photocopy)  
  
Number: \_\_\_\_\_ Date and place where issued: \_\_\_\_\_
6. **Name and address of your Bankers:** \_\_\_\_\_
7. **Field(s) of Specialization:** \_\_\_\_\_
8. **Ownership of shares:** (Documentary evidence required); attach photocopy (certified) of Return filed to the Registrar of companies  
  
Total no. \_\_\_\_\_ No. owned by Tanzania citizens: \_\_\_\_\_ No. owned by foreigners: \_\_\_\_\_
9. **Classification** (Local or Foreign in accordance with section 12 of Act no. 15 of 1997): \_\_\_\_\_
10. **Name of Registered Engineer who is a share holder** (Name & Registration No.) \_\_\_\_\_
11. **Particulars of Partners/Shareholders/Directors and Permanent Staff:** (attach CVs and photocopies of certificates and, in the case of foreigners, photocopies of work and residence permits)

NAME	NATIONALITY		QUALIFICATIONS	WORK EXPERIENCE	
			Academic and professional	Field of activity	Length (years)

**11. Particulars of Partners/Shareholders/Directors and Permanent Staff:** (continued)

NAME	NATIONALITY	QUALIFICATIONS	WORK EXPERIENCE	
		Academic and professional	Field of activity	Length (years)

**12. Particulars of equipment/facilities owned or available:** (e.g. computers and accessories, communications equipment, drawing office, surveying or other instruments etc.)

Name of equipment	Quantity	Ownership (produce evidence)	Remarks

**13. Particulars of major Projects in hand or completed within the last 10 years**

(Attach certified photocopies)

for active members only)

Name of Project	Brief description of Project	Client and his address	Duration		Project Value	Remarks eg. Completed
			From	To		

**14. Referees: (Referees must be registered Professional/Consulting Engineers)**

Name	Address	Association/relationship with applicant	Engineer's Signature and official reg. stamp
1.			
2.			

**15. Application Fee:**

An application fee of Tshs/USD \_\_\_\_\_ is enclosed.

**16. Declaration:**

I hereby apply for registration as an engineering consulting firm and undertake to abide by all provisions of the Engineers Registration (Act, 1997 (Act No. 15 of 1997) and any regulations and by-laws made thereunder including Code of Conduct and Ethics. I certify that, to the best of my knowledge, the information contained herein is true and correct.

**Date:** \_\_\_\_\_ **Signature of Applicant:** \_\_\_\_\_

**Position:** \_\_\_\_\_ **Official Rubber Stamp**  
**of the Company/firm**

**Notes:**

1. Please print or type neatly
2. Applicants must make sure that all parts of this form are fully completed. Incomplete applications will not be accepted by the Board
3. Completed application forms together with full application fees should be sent to the Registrar, Engineers Registration Board at the address shown on the top of page 1 of the application form.