



ERB-ReTAD-FRM-053

United Republic of Tanzania
Ministry of Works
Engineers Registration Board (ERB)
P.O BOX 2768, Mhandisi Annex, Plot Number 13, Block "A"
Tambukareli Street- NCC, Dodoma Tel: +255 26 2960086/87



Incorporated Engineer Application Form

INCORPORATED ENGINEER

APPLICATION FOR REGISTRATION

(Under the Engineers Registration Act, Cap 63)

FOR OFFICIAL USE

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

1. PERSONAL INFORMATION

(Names should be entered as they appear in the certificates)

(Use capital letters only)

First Name:	Middle Name:	Surname			
District and Region of Birth	Date of Birth			Nationality:	Marital Status:
	Day	Month	Year		
Postal Address:		Name and Address of Employer			
.....				
.....				
.....				
Physical Address:				
.....				
Mobile:		Tel:			
.....		email			
.....		Website (if			
e-mail		any)			
.....				

2. ACADEMIC QUALIFICATIONS

(Attach certified copies of certificates etc.)

Name of Institution and place of study	Course of Study	Years of Attendance		Qualification Attained (CSE/ACSE/Degree/Diploma)
		From	To	

3. ENGINEERING DISCIPLINE (aeronautical, agricultural, civil etc.)

4. MEMBERSHIP OF ENGINEERING PROFESSIONAL INSTITUTIONS/ASSOCIATIONS REGISTRATION WITH OTHER ENGINEERING BOARDS/COUNCIL

(Attach certified photocopies for active members only)

Name of Engineering Institutional/Association/Board/Council	Country	Class of Membership or registration	Membership/ registration	Date

5. SUMMARY OF PROFESSIONAL EXPERIENCE

(Begin with most recent; additional forms (no. B-02-annex) may be used if the space provided is not sufficient)

Period (month and year): From _____ To _____ Name and address of employer: Your Position: Name of supervisor:	Description of your work, including your personal responsibility/achievement
Period (month and year): From _____ To _____ Name and address of employer: Your Position: Name of supervisor:	
Period (month and year): From _____ To _____ Name and address of employer: Your Position: Name of supervisor:	
Period (month and year): From _____ To _____ Name and address of employer: Your Position: Name of supervisor:	

6. RECOMMENDATION (This part must be filled and signed by referees who are registered professional/ consulting engineers.

Based on my personal knowledge of the character and professional reputation of the applicant, I regard him/her competent to be registered as a Incorporated Engineer.

Name	Address	Association with applicant (supervisor/colleague etc.)	Engineer's Rubber Stamp
1			
2			

7. CURRENT REGISTRATION/PREVIOUS APPLICATION WITH THE BOARD

	Registration category	Registration number	Date
Current Registration			
Previous Application			

8. APPLICATION FEE

My application fee of Tshs _____ is enclosed.

9. LIST OF SUBMITTED DOCUMENTS

This application is accompanied by the following documents:

1	2
3	4
5	6

10. DECLARATION

I hereby apply for registration as a Incorporated Engineer and undertake to abide by all provisions of the Engineers Registration Act, Cap 63 and any regulations and by-laws made thereunder including Code of Conducts and Ethics. I certify that, to the best of my knowledge, the information contained herein is true and correct.

Date: _____ Signature of Applicant: _____

NOTES:

1. Please type or print 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.
4. An application may be required to satisfy the Engineers Registration Board that his/her professional and general conduct has been such as to make him fit and proper person to be registered.

Registration as a INCORPORATED ENGINEER - SUMMARY OF PROFESSIONAL EXPERIENCE

(Contin. Sheet) no.

Period (month and year): From _____ To _____	Description of your work, including your personal responsibility/achievement
Name and address of employer:	
Your Position:	
Name of supervisor:	
Period (month and year): From _____ To _____	Description of your work, including your personal responsibility/achievement
Name and address of employer:	
Your Position:	
Name of supervisor:	
Period (month and year): From _____ To _____	Description of your work, including your personal responsibility/achievement
Name and address of employer:	
Your Position:	
Name of supervisor:	
Period (month and year): From _____ To _____	Description of your work, including your personal responsibility/achievement
Name and address of employer:	
Your Position:	
Name of supervisor:	