



ERB-ReTAD-FRM-060

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



ISO 9001: 2015 Certified

Engineering Construction Material Laboratories Application Form

APPLICATION FOR REGISTRATION AS AN ENGINEERING MATERIALS TESTING LABORATORY

(under the Engineers Registration Act, Cap 63)

FOR OFFICIAL USE

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

- Company's name in full: _____
- Current Postal Address _____
Telephone No. _____ Telex _____ E-mail _____
- Physical Address (Location of Registered Office):
House No. _____ Block No. _____ Street Name: _____ Town/City: _____
- Certificate of Incorporation/Registration of Business (attach photocopies of certificates)
Name _____ Number _____ Date _____
- Current Business License if any (attach photocopy)
Number _____ Date and Place of issue _____
- Name and address of your Bankers: _____
- Field(s) of Specialization: _____
- Ownership of shares: (Documentary evidence required); attach certified photocopy of Returns filed to the Registrar of companies.
Total No. _____ No. owned by Tanzanian citizens: _____ No. owned by foreigners: _____
- Name of Registered Engineer who is a shareholder (Name & Registration No.) _____
- Particulars of Partners/Shareholders/Directors and Permanent Staff: (attach CVs and photocopies of certificates)-**Attach Organization Chart**

NAME	NATIONALITY	REGISTRATION NO. (eg.PE, CE)	QUALIFICATIONS (Academics)	POSITION	WORK EXPERIENCE	
					Field of Activity	Duration (Years)

11. Particulars of equipment/facilities owned or available (e.g. computers and peripherals, testing equipment)-

Attach List and evidence of Ownership

Name of Equipment	Quantity	Ownership (Produce evidence)	Remarks

12. Particulars of major Testing in hand or completed within past 3 years (attach certified photocopies of Materials Testing Certificates)

Designation of the Test	Brief Description of Nature of Test	Client and Address	Remarks (Completed, in Progress, abandoned etc.)

13. Referees: (Referees must be registered Consulting Engineers)

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

14. The following documents should be submitted with this application:

- (i) Quality Assurance Manual used by the laboratory

15. Application Fee:

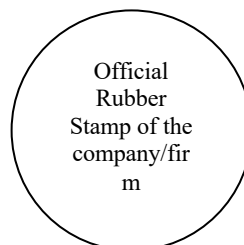
An application fee of Tshs _____ is enclosed

16. Declaration:

I hereby apply for registration as an engineering material testing laboratory 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 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 _____



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.