



ERB-ReTAD-FRM-056

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

Independent Consulting Engineer Application Form

INDEPENDENT CONSULTING 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)

(a) Full Name: _____
(BLOCK LETTERS) (First) (Middle) (Surname) (Title)

(b) Place and Date of Birth: _____
Town/City Country Date

(c) Age: _____ (d) Sex: Male/Female (e) Nationality: _____
(Tick the appropriate)

(f) NIDA no.: _____

(g) Postal Address (for registration and correspondence):

(h) Tel. ----- Mobile ----- Email -----

(j) Physical Address:

2. ACADEMIC QUALIFICATIONS (Attach certified copies of certificates etc.)

(a) Engineering Discipline: _____
(State **whether** agricultural, aeronautical, civil, etc.)

(b) University or Institution Date of Attendance Qualification Attained Date Obtained
(Name and City/Country) From To

University or Institution (Name and City/Country)	Date of Attendance From To	Qualification Attained	Date Obtained
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. PREVIOUS REGISTRATION STATUS WITH THE BOARD

Category	Registration date	Registration No.
Professional Engineer		
Consulting Engineer		

4.(a) POST-REGISTRATION PRACTICE (Attach a copy of your detailed curriculum vitae outlining your achievements in engineering practice)

Note: Emphasis should be on areas applied for practice as an independent consulting engineer

(b) Field of Specialization Applying for: _____

5. MEMBERSHIP OF PROFESSIONAL INSTITUTIONS OR REGISTRATION WITH SIMILAR BOARDS/ ENGINEERING COUNCILS (Attach certified photocopies for active members only)

Please indicate address of Institutions/Associations

Institution/Association etc	Class of membership or Registration	Reg/Membership Number	Date Obtained
_____	_____	_____	_____
_____	_____	_____	_____

6. RECOMMENDATION (to be filled and signed by Registered Consulting/Independent Consulting Engineers)

We the undersigned do consider the applicant a proper and fit person to be registered as an Independent Consulting Engineer.

Name	Address	Association with applicant	Engineer's Rubber Stamp
1			
2			

6. APPLICATION FEE

My application fee in the amount of Tshs _____ is enclosed.

7. DECLARATION

I hereby apply for registration as an Independent Consulting 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.