



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

Pamba Road
P.O.Box 14942, Dar es Salaam
E-mail: registrar@erb.go.tz
Website: www.erb.go.tz

Telephone: +255-22-2122836,212908/
Fax: +255-022-2115373



**INDEPENDENT CONSULTING
ENGINEER**

APPLICATION FOR REGISTRATION

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

(Use capital letters only)

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

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

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

(d) Passport no.: _____

(e) Address (for registration and correspondence):

(f) Tel. _____, Fax _____, Mobile _____, E-mail _____

(g) Physical Address:

2. ACADEMIC QUALIFICATIONS (Attach certified copies of certificates etc.; if not certified avail originals to the Board for verification)

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

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

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(s) of Specialization: _____

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 RECOMMENDATIONS (To be Refereed by Consulting Engineers)

We, the undersigned do consider the applicant to be a proper and fit person to be considered for registration as an independent consulting engineer

Name	Contact details	Association with the applicant	Signature & Stamp

7. APPLICATION FEE

My application fee in the amount of Tshs/US\$ _____ is enclosed.

8. DECLARATION

I hereby apply for registration as an independent consulting engineer and undertake to abide by all provisions of the Engineers Registration Act, 1997 . 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.