



**UNITED REPUBLIC OF TANZANIA  
ENGINEERS REGISTRATION BOARD**

Pamba Road (Tetex House)  
P. O. Box 14942, Dar es Salaam

Telephone: +255 -22-2122836,2129087  
Fax: +255-022-2115373



*APPLICATION FOR REGISTRATION AS AN  
ENGINEERING CONSTRUCTION MATERIALS  
TESTING LABORATORY*  
(under the Engineers Registration Act, 1997)

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 share holder (Name & Registration No.) \_\_\_\_\_
- Particulars of Partners/Shareholders/Directors and Permanent Staff: (attach CVs and photocopies of certificates)-**Attach Organization Chart**

NAME	NATIONALITY	POSITION	QUALIFICATIONS  (Academic and Professional)	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:

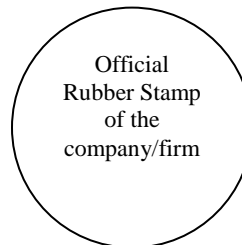
An application fee of Tshs \_\_\_\_\_ is enclosed

15 Declaration:

I hereby apply for registration as an engineering construction materials testing laboratory and undertake to abide by all provisions of the Engineers Registration 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 \_\_\_\_\_



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.

## ENGINEERS REGISTRATION BOARD

### REQUIREMENTS FOR REGISTRATION OF ENGINEERING CONSTRUCTION MATERIALS TESTING LABORATORY

In addition to filling out the appropriate application forms (also available in ERB website) and paying application fees applicants shall submit the following documents along with the application forms for consideration of registration by the Board:

1. Copy of certificate of incorporation or compliance or registration of business name (sole proprietorship/partnership) Extract from register of Registrar of Companies or ACT of establishment (parastatals/agencies)
2. Company Profile of previous materials testing works (N/A for new firms)
3. Copy of current Annual Returns filed with the Registrar of Companies (BRELA). (For New Companies Articles and Memorandum of Association)
4. Copy of current business license (if obtained)
5. Copy of office ownership/lease agreement
6. Copy of documentary evidence on ownership of Equipment & Facilities listed
7. Listing of owned quality control policy, manuals, calibration, and testing equipment etc
8. Curriculum vitae of key personnel employed by the firm.

Engineering construction materials testing laboratories are required to have at least one of the key personnel or partner registered/applied with the Board as professional or consulting engineer in one of the fields of specialization applied for registration. They are also required to have accessible office, laboratory and basic equipment and tools for carrying out materials testing works.

***NB: Incomplete applications will not be processed.***

All inquiries about registration should be directed to:

***The Registrar,  
Engineers Registration Board,***

P.O. Box 14942,  
**Dar es Salaam**



***Tel: +255 22 2122836, 2136205, 2120705,  
2136208***

Fax: +255 22 2115373 ,2124265

E-mail: [registrar@erb.go.tz](mailto:registrar@erb.go.tz)

Website: [www.erb.go.tz](http://www.erb.go.tz)

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	<b>Engineers Registration Board</b> Checklist for minimum requirement of testing laboratories <b>Laboratory Self-Assessment Sheet</b>	
Laboratory: Name  Address Phone		
Laboratory Representative		

(For each item in the checklist, you are required to submit written statement or documentation where necessary relevant attachment to support compliancy)

	ITEM DESCRIPTION	RESPONSE		COMMENTS
		Yes	No	
<b>A</b>	<b>ORGANIZATION:</b>			
	Is the laboratory an entity which can be held legally responsible?(Provide evidence)			
	Does the organization have an Organization Chart?(In case there is more than one lab in the Institution, provide evidence of Mini lab organization charts)			
	Does the organization have operational job descriptions identifying positions and include a description of duties associated with each position, required skills, education, Registration status and experience for all Technical Personnel (Provide evidence)			
<b>B</b>	<b>QUALITY ASSURANCE:</b>			
	Does the organization have the Quality Policy and Manual?(Provide evidence)			
	Does the laboratory have quality control procedures for monitoring the validity of tests undertaken?(Provide evidence)			
	Does the laboratory demonstrate the use of reference materials/internal control?(provide evidence)			
<b>C</b>	<b>EQUIPMENT:</b>			
	Is the laboratory furnished with all items of sampling, measurement, and test equipment required for correct performance of the tests and/or calibration items (including sampling, preparation of test items, processing and analysis of test and/or calibration data- <b>Provide list of equipment, S/No., calibration certificate No</b> ).			

	Is the equipment and software used for testing and sampling capable of achieving the required accuracy and do they comply with the specifications relevant to tests concerned? (provide specs and accuracy of expected results)			
	Does the laboratory have procedures covering the following to ensure proper functioning and in order to prevent contamination or deterioration: <ul style="list-style-type: none"> <li>• Safe handling?</li> <li>• Transport?</li> <li>• Storage?</li> <li>• Presence and use of planned maintenance of measuring equipment?</li> </ul> Is there proof of calibration of the equipment?			

SECONDARY ASSESSMENT				
S/N	ITEM DESCRIPTION	RESPONSE		COMMENTS
		Yes	No	
1.0	<b>COMPLAINTS</b>			
	Does the laboratory have a policy and procedures for resolution of complaints received from customers or other parties?			
2.0	<b>CONTROL OF RECORDS</b>			
	Are all records retained in such a way that they are readily retrievable in facilities that provide a suitable environment to prevent damage or deterioration and to prevent loss?			
	Does the laboratory retain staff records, test data, calibration certificate and other relevant documents for a defined period of time?			
3.0	<b>ACCOMMODATION AND ENVIRONMENTAL CONDITIONS</b>			
	Does the laboratory have appropriate facilities for the correct performance of the test that are specified in the test method?			
	Does the laboratory control environmental conditions to prevent any effect on the results?			
	Does the have Healthy and Safety measures in place?			
4.0	<b>TEST METHODS</b>			
	Does the laboratory use appropriate methods and procedures for all tests including:			
	Sampling			
	Sample handling and transport			
	Storage and preparation of test items?			
	Does the laboratory have instructions on operation of all relevant equipment?			
5.0	<b>MEASUREMENT TRACEABILITY</b>			
	Is measurement equipment traceable to the SI units or internationally recognized units?			

	Does the laboratory have appropriate reference materials?			
6.0	<b>HANDLING OF TEST AND CALIBRATION ITEMS</b>			
	Does the laboratory have procedures for the following regarding test and/or calibration items, including all provisions necessary to protect the integrity of the test item: <input type="checkbox"/> Retention and/or disposal? <input type="checkbox"/> Receipt? <input type="checkbox"/> Handling? <input type="checkbox"/> Protection? <input type="checkbox"/> Storage? <input type="checkbox"/> Transportation?			
	Upon receipt of the test or calibration item, are abnormalities or departures from normal or specified conditions, as described in the test or calibration method, recorded?			
	Are there records of the environmental condition of storage? (where applicable)			
7.0	<b>REPORTING THE RESULTS</b>			
	Are the results reported, usually in a test report or calibration certificate?			
	Does the report include at least the following information? <ul style="list-style-type: none"> <li>• Title</li> <li>• Name and address of the laboratory</li> <li>• Unique identification of the test report</li> <li>• Name and address of the customer</li> <li>• Identification of the method used</li> <li>• Name of the authorizing person</li> </ul>			

SUBMITTED: Signature\_\_\_\_\_

Name\_\_\_\_\_

Designation\_\_\_\_\_

Date\_\_\_\_\_