



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



Pamba Road (Opposite Hotel Agip)  
P.O.Box 14942, Dar es Salaam  
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Website: www.erb.go.tz

Telephone: +255-22-2122836,2129087  
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**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: \_\_\_\_\_ (d) Sex: Male/Female (e) Nationality: \_\_\_\_\_  
(Tick the appropriate)

(f) Passport no.: \_\_\_\_\_

(g) Address (for registration and correspondence):  
\_\_\_\_\_  
\_\_\_\_\_

(h) Tel. \_\_\_\_\_, Fax \_\_\_\_\_, Mobile \_\_\_\_\_, Email \_\_\_\_\_

(j) Home Address:  
\_\_\_\_\_  
\_\_\_\_\_

(k) Tel. \_\_\_\_\_, Fax \_\_\_\_\_

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

(a) Engineering Discipline: \_\_\_\_\_  
(State whether agricultural, aeronautical, civil, etc.)

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

**3. 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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

Period From:                              To:	Employer	Description of work showing your position, field of specialization and major contributions/achievements

(b) Field(s) of Specialization: \_\_\_\_\_

**5. RECOMMENDATION** (to be filled and signed by [registered](#) professional/consulting engineers)

We the undersigned do consider the applicant a proper and fit person to be registered as a registered consulting engineer.

Name	Address	Association with applicant	Signature and Engineers
1			
2			

**6. APPLICATION FEE**

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

**7. DECLARATION**

I hereby apply for registration as a consulting engineer and undertake to abide by all provisions of the Engineers Registration Act, 1997 (Act no. 15 of 1997) and any regulations and by-laws made thereunder including Code of 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.

