



**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
Fax: +255-022-2115373

INCORPORATED 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)

SURNAME		First Name:			Other Names:		
District/City and Country of Birth		Date of Birth			Nationality:	Marital Status:	
		Day	Month	Year			Age
					Sex:		
Postal Address:				Name and Address of Employer			
_____				_____			
_____				_____			
_____				_____			
Physical Address:				_____			
_____				_____			
_____				_____			
Tel: _____		Fax: _____		Tel: _____		Fax: _____	
Cell phone _____		e-mail _____		e-mail _____		e-mail _____	
e-mail _____		_____		Website (if any) _____		_____	

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

Name of Institution and place of study	Course of Study	Years of Attendance		Qualification Attained (Degree/Diploma etc)
		From	To	

3. ENGINEERING DISCIPLINE (aeronautical, agricultural, civil etc.)

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**4. MEMBERSHIP OF ENGINEERING PROFESSIONAL INSTITUTIONS/ASSOCIATIONS
REGISTRATION WITH OTHER ENGINEERING BOARDS/COUNCIL**

(Attach certified photocopies for active mebers only)

Name of Engineering Institutional/Association/Board/Council	Country	Class of Memebrship or registration	Membership/ registration	Date

5. SUMMARY OF PROFESSIONAL EXPERIENCE

(Begin with most recent; additional forms (no. B-02-annex) may be used if the space provided is not sufficient)

Period (month and year): From _____ To _____ Name and address of employer: Your Position: Name of supervisor:	Description of your work, including your personal responsibility/achievement
Period (month and year): From _____ To _____ Name and address of employer: Your Position: Name of supervisor:	
Period (month and year): From _____ To _____ Name and address of employer: Your Position: Name of supervisor:	
Period (month and year): From _____ To _____ Name and address of employer: Your Position: Name of supervisor:	

6. RECOMMENDATION (This part must be filled and signed by referees who are registered professional/consulting engineers.

Based on my personal knowledge of the character and professional reputation of the applicant, I regard him/her competent to be registered as a technician engineer.

Name	Address	Association with applicant (supervisor/colleague etc.)	Signature and Engineers
1			
2			

7. CURRENT REGISTRATION/PREVIOUS APPLICATION WITH THE BOARD

	Registration category	Registration number	Date
Current Registration			
Previous Application			

8. APPLICATION FEE

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

9. LIST OF SUBMITTED DOCUMENTS

This application is accompanied by the following documents:

1	2
3	4
5	6

10. DECLARATION

I hereby apply for registration as a technician 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.

4. An application may be required to satisfy the Engineers Registration Board that his/her professional and general conduct has been such as to make him fit and proper person to be registered.

Form B-02-(annex)

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Registration as a TECHNICIAN ENGINEER - SUMMARY OF PROFESSIONAL EXPERIENCE

(Contin. Sheet) no.

Period (month and year): From _____ To _____ Name and address of employer:	Description of your work, including your personal responsibility/achievement
Your Position:	
Name of supervisor:	
Period (month and year): From _____ To _____ Name and address of employer:	Description of your work, including your personal responsibility/achievement
Your Position:	
Name of supervisor:	
Period (month and year): From _____ To _____ Name and address of employer:	Description of your work, including your personal responsibility/achievement
Your Position:	
Name of supervisor:	
Period (month and year): From _____ To _____ Name and address of employer:	Description of your work, including your personal responsibility/achievement
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