



PROFESSIONAL ENGINEERS REGISTRATION BOARD

APPLICATION FOR CERTIFICATE OF AUTHORISATION

1. Name of Applicant	2. State whether:- <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Association
3. Address	4. Telephone Number :

5. Date of establishment
(dd-mmm-yyyy)

6. Category of Engineering

<input type="checkbox"/> Engineering Consultancy	<input type="checkbox"/> Manufacturing
<input type="checkbox"/> Construction	<input type="checkbox"/> Services
<input type="checkbox"/> Installation	<input type="checkbox"/> Trading
<input type="checkbox"/> Mining / Quarrying	<input type="checkbox"/> Other (Specify)

7. Engineering Discipline	8. Any Other Works
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9. Directors, Shareholders, Partners or Associates

NAME	POSITION
(a) _____	_____
(b) _____	_____
(c) _____	_____
(d) _____	_____
(e) _____	_____
(f) _____	_____

10. Registered Professional Engineers responsible for Engineering

Name _____	Name _____
Position _____	Position _____
Discipline _____	Discipline _____
Registration No. _____	Registration No. _____
Name _____	Name _____
Position _____	Position _____
Discipline _____	Discipline _____
Registration No. _____	Registration No. _____
Name _____	Name _____
Position _____	Position _____
Discipline _____	Discipline _____
Registration No. _____	Registration No. _____

We certify that the statements made herein are correct

APPLICANT

DATE (dd-mmm-yyyy)

FOR OFFICE USE ONLY

Application No. _____

Date received _____

Approved _____

Valid to _____

Rejected _____

Registrar